NHS
Wolverhampton
Clinical Commissioning Group

A meeting of the Public Joint Health Commissioning Board

will take place on Tuesday 11 August 2020 commencing at 1.00 pm

A G E N D A

		1	Public Joint Health Commissioning Board Agenda and Papers 11 August 2020		1 - 104
			Date and time of next meeting ~ 13 October 2020 ~ Public Joint Health Commissioning Board		

This page is intentionally left blank

(PUBLIC) Joint Health Commissioning Board

Date: Tuesday 11 August 2020 **Time:** 1pm

Venue: Virtual Microsoft Teams Meeting **Room:** n/a

Chair: Dr Ruth Edwards, Dudley CCG

AGENDA

Item	Time	Subject	Enc	Reason	Lead
1.		**INTRODUCTION**			
1.1	1.00pm	**Welcome and Introductions**			
1.2	1.01pm	**Apologies for absence**			
1.3	1.02pm	**Declarations of Interest** To request members to disclose any interest they have, direct or indirect, in any items to be considered during the course of the meeting and to note that those members declaring an interest would not be allowed to take part in the consideration for discussion or vote on any questions relating to that item			
1.4	1.03pm	**Review of minutes and actions from previous meeting – 11 June 2020**	1	Approval	Chair
2.		**VICE CHAIR**			
2.1	1.10pm	**Appointment of Vice Chair**	Verbal	Discussion/ Decision	Chair / Mike Hastings
3.		**QUALITY & PERFORMANCE**			
3.1	1.20pm	**Quality Assurance Report**	2	Assurance	Sally Roberts
4.		**FINANCE & SUSTAINABILITY**			
4.1	1.30pm	**Finance Assurance Report**	3	Assurance	James Green
5.		**PLACE COMMISSIONING**			
5.1	1.40pm	**Place Commissioning Assurance Report**		Assurance	Matt Hartland
6.		**GOVERNANCE**			
6.1	1.50pm	**Terms of Reference for Sub-Committees** - Finance & Sustainability - System Commissioning - Place Commissioning - Quality & Performance - Individual Assurance Commissioning	4	Approval	Mike Hastings
6.2	2.20pm	**New Risks identified from this meeting**	Verbal	Discussion	Mike Hastings
7.	2.30pm	**DATE OF NEXT MEETING**			
		13 October 2020 at 1pm via Teams			

JOINT HEALTH COMMISSIONING BOARD

THURSDAY, 11 JUNE 2020 AT 1PM VIA VIRTUAL TEAMS MEETING

M I N U T E S

MEMBERS

Name	Title	CCG
Dr David Hegarty	CCG Chair (Chair)	Dudley
Dr Salma Reehana	CCG Chair	Wolverhampton
Dr Anand Rischie	CCG Chair	Walsall
Dr Ian Sykes	CCG Chair	Sandwell and West Birmingham
Mr Paul Maubach	Accountable Officer	Black Country and West Birmingham CCGs
Mike Abel	Lay Representative	Walsall
Dr Manir Aslam	GP Chair – System Commissioning Sub-Committee	Sandwell and West Birmingham
Dr Ruth Edwards	GP Chair – Quality and Performance Sub-Committee	Dudley
Ms Rachael Ellis	Deputy Accountable Officer	Black Country and West Birmingham CCGs
Mr James Green	Chief Finance Officer	Black Country and West Birmingham CCGs
Mr Karl Grindulis	Secondary Care Consultant Representative	Sandwell and West Birmingham
Dr Chris Handy	Lay Representative	Dudley
Mr Matthew Hartland	Deputy Accountable Officer	Black Country and West Birmingham CCGs
Ms Julie Jasper	Lay Representative	Sandwell and West Birmingham
Mr Alan Johnson	Secondary Care Consultant Representative	Dudley
Dr Manjit Kainth	GP Chair – System Commissioning Sub-Committee	Wolverhampton
Dr Hammad Lodhi	GP Chair – System Commissioning Sub-Committee	Walsall
Mr Jim Oatridge	Lay Representative	Wolverhampton
Dr Rajshree Rajcholan	GP Chair – Quality and Performance Sub-Committee	Wolverhampton
Dr Joo Teoh	GP Chair – Quality and Performance Sub-Committee	Walsall

PARTICIPATING ATTENDEES

Name	Title	CCG
Ms Laura Broster	Director of Communications	Black Country and West Birmingham CCGs
Mr Mike Hastings	Director of Technology and Operations	Black Country and West Birmingham CCGs
Ms Alison Hughes	Deputy Chief Officer – Quality	Sandwell and West Birmingham
Ms Helen Levitt	Assistant to Rachael Ellis	Sandwell and West Birmingham
Mr Peter McKenzie	Corporate Operations Manager	Wolverhampton
Ms Sara Saville	Head of Corporate Governance	Walsall
Ms Emma Smith	Governance Support Manager	Dudley
Ms Jodi Woodhouse	Acting Head of Corporate Governance	Sandwell and West Birmingham
Miss Manisha Patel	Senior Executive Assistant to the Black Country and West Birmingham Chairs	Black Country and West Birmingham CCGs

APOLOGIES

Name	Title	CCG
Dr Parshotum Gupta	GP Chair – System Commissioning Sub-Committee	Dudley
Sally Roberts	Chief Nursing Officer	Black Country and West Birmingham CCGs

JHCB/001	DECLARATIONS OF INTEREST

Members were asked to disclose any interest they may have, direct or indirect, in any of the items to be considered during the course of the meeting and to note that those Members declaring an interest would not be allowed to take part in the consideration or discussion or vote on any questions relating to that item.

Dr Sykes advised that he was no longer a partner of Your Health Partnership.

JHCB/002	MINUTES FROM THE LAST MEETING

This is the first meeting of this Committee so no previous minutes to discuss.

JHCB /003	MATTERS ARISING FROM THE MINUTES

Not Applicable

JHCB /004	TERMS OF REFERENCE AND MEMBERSHIP

Mr Hastings spoke to the paper regarding the Terms of Reference (TOR) and Membership.

The TOR had previously been presented to the Governing Bodies in Common (GBiC) in March 2020. All comments received had been incorporated in this presented version. The committee were asked to review and a final version would be taken to the GBiC in July 2020 for formal ratification. Most comments received had been around membership. Work was being undertaken to address this by the Governance Leads.

Dr Hegarty asked Mr Hastings to clarify that they were now looking for named individuals for the roles stated in the paper. He also asked for clarification around the Black Country wide sub-committee membership as opposed to the local committees, the Chairs of these Black Country meetings would make up the membership and would be named shortly.

Mr Maubach asked if the local commissioning committees would report into this committee or the Governing Bodies in Common. Mr Hastings suggested having a further discussion outside of this meeting. Some people felt that the local commissioning committees should report directly to this board to avoid the dilution of meetings. Dr Handy felt that this was vital to give the emphasis on place.

Dr Hegarty stated that it was important that the revised ToR should come to the next JHCB as the first agenda item and a discussion made about the appointment of a Deputy Chair at the next meeting.

Ms Jasper said that it was important that all lay members had sight of papers for the meeting and asked if they could be circulated before. She also asked for confirmation a paper on lay membership will be presented at the Audit and Governance Committee due to take place next meeting which Mr Hastings did.

Action: Mr Hastings to meet with Mr Maubach to further discuss local commissioning committee reporting lines.

Action: Miss Patel to add Terms of Reference as first agenda item at next JHCB meeting and discussion to take place regarding the appointment of a Deputy Chair.

Action: Clarification of process of circulation of papers to wider Lay Members.

JHCB /005	COVID-19 PAPER FOR ASSURANCE

Ms Ellis talked the JHCB through the current status of work around Covid 19. The team remained prepared and working at a Level 4 alert in case the level was raised again to that of a major incident.

Work was taking place on Trace, Track and Test and looking at capacity to see what was required if there were any further outbreaks. The team continued to plan for any move to major incident status and for the winter pressures.

Also high on the agenda was support for Primary Care and Acute Trusts. There was also work being done to look at the use of NHS111 for appointments rather than walk-ins to Emergency Departments.

Mr Maubach asked that decisions that were made under the current arrangements were being referred to at the Audit and Governance Committee. Ms Ellis confirmed that they were and the Audit and Governance Committee (A&GC) had had sight of the issues log and decisions log. Mr Maubach wanted to ensure that decisions made were robust and that there was documentation was available to show they were the right ones. Mr Hastings told the committee that there was a paper that was being taking to the A&GC that had been done in conjunction with the ICC and the Incident room with a review of decision making. Mr Maubach asked that any decisions were flagged with the committee that would usually have been made via public consultation normally. Mr Hartland had recently attended a Health Scrutiny Meeting and advised that they were expecting updates to be given at their meetings. Ms Jasper said that it was important for people to be able to ask questions about the decision-making process at the A&GC so could the agenda be managed to be able to do this.

Mr Abel thanked Ms Ellis for the work that was being undertaken and noted that there was an absence of workforce update in the paper although this was talked about at the weekly updates and asked if this could be added going forward. Mr Abel asked if there was any reason why Walsall Healthcare were an outlier in absences and Ms Ellis took an action for further detail to be brought back to the next meeting.

Dr Teo also thanked Ms Ellis for the work the team had undertaken. Dr Teo asked if there were lessons learnt in case of a 2nd wave. Ms Ellis said that work was being done with NHSE and that areas focused on were around PPE, testing and the right people being tested at the right time in case there was a 2nd wave. There had been a lot of positive responses regarding the work that had been done. Ms Ellis said that the lessons learnt would be shared with the Committee.

Dr Handy joined in the thanks for the teams work. He asked if there was any variability across the system. Ms Ellis advised that some of the system maturity at the moment in relation to where the ICPs were and how the systems were coordinated to work together and that they were are different places. There were also differences in how acute trusts were working and the CCGs were working to get a more joined up way of working across the system.

Dr Rischie commented how the incident room has co-ordinated the response under Ms Ellis's leadership, that work was still not over and will need to keep this running through the winter and support Public Health colleagues in delivering testing and tracing.

Action: Ms Ellis to look at workforce figures during Covid 19 with particular reference to Walsall Healthcare and bring back to next meeting. Ms Ellis said that the lessons learnt would be shared with the Committee.

Action: Ms Ellis said that the lessons learnt around Covid would be shared with the Committee.

JHCB /006	LOCAL ASSURANCE UPDATES FOR MAY MEETINGS

Ms Ellis provided verbal updates on behalf of the place-based Managing Directors.

The focus had now been moved back on local assurance meetings with NSHE/I and management at place.

Managing Directors had been recruited for Walsall and West Birmingham respectively.

Dudley continues to embed its functioning ICP and the learning would be shared with the four places.

Sandwell and West Birmingham continued to make significant progress in relation to their ICP and they were now in a position to sign off their Terms of Reference and also looking to ensure the ICP could be supported through allocation and resource.

Walsall and Wolverhampton systems were working well and strong relationships were established with the respective Directors of Public Health.

There was a piece of work now linked to the STP looking at the maturity matrix across each system.

JHCB /007	QUALITY PAPER FOR ASSURANCE

Ms Hughes presented the paper in the absence of Ms Roberts.

Performance for Cancer referrals around 2-week waits had been down and it was expected to have an impact on patients in due course. Some patients were choosing to delay their treatments but were being offered the chance to have consultations via video.

Ms Hughes addressed a question about there being no cancer related serious incidents reported and confirmed that this was the case, but the team were mindful and monitoring this.

Mortality had high death rates comparatively. Ms Roberts had spoken with Nigel Sturrock - Regional Medical Director for NHSE/I about reviewing the comparative deaths. The Clinical Reference Group which is a subgroup was also looking at this and focusing on BAME, Ethnicity and Care Homes deaths with the learning being shared.

There had been an enormous amount of work that had been undertaken with Care Homes and there had been no deaths over the last few days which was significant due the large numbers reported previously. A paper would be shared in due course.

There were regular updates around Safeguarding across the Black Country and there was concern about fewer referrals coming in due to Covid and it was expected that there would be an increase in due course.

There had been a number of reported deaths around Learning Disability Mortality Review due to Covid. had obtained There had been some additional funding which allowed regular leader reviews to be taken in a timely manner.

A question had been received about the location of the red sites were and Ms Hughes had contacted Lisa Maxfield around this and confirmed that a pragmatic approach had been taken when sourcing the sites. It had been requested that more detail had been requested so the group were asked to indicate if they wanted it at this meeting or at the locality meetings.

Ms Jasper asked with regards to the people with Learning Disabilities and the current high TCP issue in the area, how we were ensuring that testing was being undertaken and managed. Ms Hughes advised that proactive testing was happening and would look into the figures and bring back in due course.

Mr Oatridge asked if anything further could be done at the moment around looked after children with home learning, how this this could be looked at in terms of safeguarding. Ms Hughes offered to bring back some further information.

Mr Abel picked up that there was still no information around the IAPT activity in Sandwell and West Birmingham and Wolverhampton. He also queried the backlog in CAHMS that would have been increased by Covid. Mr Hartland said this information would be incorporated in the new Sitrep model. The information around IAPT had been difficult to obtain due to where it was held by different organisations and reported but this was being rectified and this information would be added as and when it was received.

Action: Ms Roberts/Ms Hughes to bring back a paper on Care Homes activity in due course.

Action: Ms Roberts/Ms Hughes to bring back a paper on testing for TCP patients to be brought back in due course.

Action: Ms Roberts/Ms Hughes to bring back further information about the safeguarding of looked after children that were doing home learning during the Covid crisis.

JHCB /008	FINANCE

Mr Green highlighted the two key elements in the paper:

- The Financial Plan
- The Financial Regime change

The narrative gave a further update on the financial plan since the last meeting.

With regards to the financial regime change in section 4, NHS providers are now being block paid for their activity and it was anticipated that this would continue until the end of October at least. For CCGs, confirmation had been received that payments would only be until the end of July which was different to the October dates for Trusts.

CCGs would receive allocation adjustments which would allow them to achieve QIPP savings and any outstanding efficiencies.

Mr Green also gave a verbal update on Month 2 figures with a more in-depth report to be given at the next meeting. The year to date deficit at Month 2 came in at £10m of that £7m were related to Covid expenditure for which claims had been submitted to NHSE. That mitigates the figure to £3m which is due to budget shortfalls. Due to central calculations the CCG would be have a marginal surplus at this time.

There is also a section in the report around STP capital. Further information was awaited from NHSE.

Mr Oatridge asked what the issues around assurance around management cost reduction there were and if some oversite of this could be provided at the next meeting.

Ms Jasper thanked Mr Green and his teams for closing down the accounts during these times to be signed off at the Audit and Governance Committees in Common. The Chair also thanked Mr Green and his team for their hard work.

Action: Mr Green to bring back an oversite on management cost reduction to next meeting.

JHCB /009	RECOVERY AND RESTORATION

Mr Hartland spoke to the papers in the pack including the restoration plan.

A letter had been received from NHSE/I asking the CCG to prepare for the reopening of urgent services and provide a response to the CCGs predication to the services being open by mid-June. The papers in the pack were a copy of what had been submitted in mid-May describing the position. The overriding driver and influence remained maintaining capacity to support Covid. More capacity was opened up to assist during the crisis. Services would only be reopened if it was safe for patients and staff to do so.

The second part of the process was recovery which starts with a significant waiting lists for different services. There were referrals that had not been made in Primary Care both adding to the waiting lists and those that had not yet made the lists. The work was looking at what the system would look like in 12 months' time.

The CCGs were waiting for a 'Phase 3' letter at the end of June. The CCGs were using this as an opportunity to work on this with a clinical view on what is a priority and agreeing the principles. What we want to learn and not lose to build into our strategy. External advice had also been sought by Deloitte and the Strategy Unit to assist. The CCGs were actively looking at different organisations to look at and help manage the waiting lists.

Dr Handy said that public confidence was very important and how this would be addressed in the future due to the constraints at the moment and asked if updates could be received at these meetings. Mr Hartland said that the impact on recovery could be seen even now. Currently there was a 25% DNA rate. Ms Broster said there was a full communication plan in place and work was being done and using real life experiences to showcase what patients could expect to see. Although we could not have full scale meetings, the CCGs were using other means to reach out. Dr Handy said that it was important that the public remained reassured and asked if the Committee could be kept briefed on work going forward.

JHCB /010	ANY OTHER BUSINESS

Mr Hartland asked if the Committee could agree on delegated authority for a piece of work on demand modelling being undertaken by the Strategy Unit around restoration. The other piece was around what the future vision of the system will be.

Dr Hegarty believed that central funding would be applied for and that the Strategy Unit would not charge the CCG if the application was unsuccessful. Mr Hartland said that a small subgroup would be able to act as the delegate. The Committee agreed the proposition and it was agreed that the group would be Mr Hartland, One CCG Chair, Ms Jasper and Mr Green.

Dr Hegarty proposed that there would no longer be an item for 'Any Other Business' on the agenda going forward. It was not conducive to give decisions on last minute items that were discussed at the end of the meeting. The committee agreed on this suggestion but wanted the option to raise any urgent items with the Chair prior to the meeting. Mr Hastings and his team would work with the Chair to put a process in place to address urgent items that would have previously come under 'Any Other Business'.

Dr Rischie thanked the Executive team for their guidance and management during the Covid crisis.

Action: Mr Hartland, One CCG Chair. Ms Jasper and Mr Green would be given delegated authority to form a small subgroup to work with the Strategy Unit on demand modelling for the future vision of the system.

Action: Mr Hastings and his team would work with the Chair to put a process in place to address urgent items that would have previously come under 'Any Other Business'.

JHCB/011	DATE AND TIME OF NEXT MEETING

Tuesday 11 August 2020 via Teams

JOINT HEALTH COMMISSIONING BOARD – OPEN ACTIONS

No	Minute No	Description	Responsible	Date Agreed	Deadline	Update
001	JHCB/004a	Mr Hastings to meet with Mr Maubach to further discuss local commissioning committee reporting lines.	Mike Hastings	11/06/20	11/08/20	
002	JHCB/004b	Miss Patel to add Terms of Reference as first agenda item at next JHCB meeting and discussion to take place regarding the appointment of a Deputy Chair.	Manisha Patel	11/06/20	11/08/20	On Agenda
003	JHCB/004c	Clarification of process of circulation of papers to wider Lay Members.	Mike Hastings	11/06/20	11/08/20	Once the papers for the GBIC or the JHCB have been circulated to the formal members of the meeting, the administrator will then forward them on to the wider lay members for information.

No	Minute No	Description	Responsible	Date Agreed	Deadline	Update
004	JHCB/005	Ms Ellis to look at workforce figures during Covid 19 with particular reference to Walsall Healthcare and bring back to next meeting.	Rachael Ellis	11/06/20	11/08/20	This item is not under the remit of the JHCB. It is proposed that this is take to either a Rem Com or the GBIC in September. Closed.
005	JHCB/005a	Ms Ellis said that the lessons learnt around Covid would be shared with the Committee.	Rachael Ellis	11/06/20	11/08/20	On Agenda
006	JHCB/007a	Ms Roberts/Ms Hughes to bring back a paper on Care Homes activity in due course.	Sally Roberts/ Alison Hughes	11/06/20	11/08/20	This item will be covered under the Quality Assurance Report.
007	JHCB/007b	Ms Roberts/Ms Hughes to bring back a paper on testing for TCP patients to be brought back in due course.	Sally Roberts/ Alison Hughes	11/06/20	11/08/20	This item will be covered under the Quality Assurance Report.
008	JHCB/007c	Ms Roberts/Ms Hughes to bring back further information about the safeguarding of looked after children that were doing home learning during the Covid crisis.	Sally Roberts/ Alison Hughes	11/06/20	11/08/20	This item will be covered under the Quality Assurance Report.

No	Minute No	Description	Responsible	Date Agreed	Deadline	Update
009	JHCB/008	Mr Green to bring back an oversite on management cost reduction to next meeting.	James Green	11/06/20	11/08/20	This item is not under the remit of the JHCB. It is proposed that this is take to either a Rem Com or the GBIC in September. Closed
010	JHCB/010a	Mr Hartland, One CCG Chair. Ms Jasper and Mr Green would be given delegated authority to form a small subgroup to work with the Strategy Unit on demand modelling for the future vision of the system.	Matt Hartland	11/06/20	11/08/20	
011	JHCB/010b	Mr Hastings and his team would work with the Chair to put a process in place to address urgent items that would have previously come under 'Any Other Business'.	Mike Hastings	11/06/20	11/08/20	Suggested AOB protocol: • Anyone who wants to raise an item must tell the chair or administrator 15 minutes before the meeting is due to start. If this is not done the item cannot be raised. • The chair will decide if the item can be raised under AOB or left until the next meeting as an agenda item.

No	Minute No	Description	Responsible	Date Agreed	Deadline	Update
						• It must be clear what is expected from raising the item – is it for information, discussion or decision? This will help the chair decide whether to allow the item or place it in the next agenda "Chairs agreed AOB" to be added to the agenda at the top

Working together for healthier futures

JOINT HEALTH COMMISSIONING BOARD

DATE OF MEETING: 11th August 2020
AGENDA ITEM: 3.1

TITLE OF REPORT:	Quality and Safety Exception Report
PURPOSE OF REPORT:	To provide an update by exception of quality and safety issues relating to West Birmingham and Black Country CCG activities in the last reporting period.(May 2020)
AUTHOR(S) OF REPORT:	Sally Roberts: Chief Nursing Officer. Black Country & West Birmingham CCGs
MANAGEMENT LEAD/SIGNED OFF BY:	Sally Roberts: Chief Nursing Officer. Black Country & West Birmingham CCGs
PUBLIC OR PRIVATE:	Public
KEY POINTS:	Quality and safety report provided by exception for this reporting period (May 2020). Areas raised by exception have local or STP level mitigation actions in place.
RECOMMENDATION:	To receive the report and support the monitoring arrangements and actions in place for assurance.
CONFLICTS OF INTEREST:	None identified
LINKS TO CORPORATE OBJECTIVES:	All areas reported by exception
ACTION REQUIRED:	x Assurance ☐ Approval ☐ For Information
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	x
Policy and Legal Obligations	
Equality & Diversity	
Governance	

1.0 INTRODUCTION

1.1 This paper provides an update by exception of quality and safety issues related to Black Country and West Birmingham CCGs (BCWB) activities reported in May 2020. It aims to provide assurance related to the monitoring arrangements and actions taken.

1.2 Included areas are highlighted within the report are RAG rated:

Red: Significant performance issues impacting on quality and safe service delivery
Amber: Not on Target, Minor risks identified
Green: On Target/No Risks identified

Issue	RAG
Cancer	
RTT	
Diagnostics	
Mental Health & Learning Disability	
TCP	
LeDeR	
CHC	
Safeguarding	
Primary Care	
Care Homes	

1.3. To ensure consistent and standardised reporting across the STP a dataset and report template for Place Integrated Performance, Quality & Safety Reports have been developed for submission of reports to the Place Committees. These will be used to inform this report going forward.

2.0 CANCER PERFORMANCE

2.1 Quality & Safety Analysis

- The West Midlands Cancer Alliance recently published a report which suggested that the West Midlands area is the worst performing region in the country with regards to cancer performance. NHS England /Improvement has requested that local systems identify ring fenced capacity to allow referrals, diagnostics and treatment to be re-instated to pre-pandemic levels at the earliest opportunity, to minimise potential harm to patients and to reduce the scale of post pandemic surge in demand. Regional Cancer Alliances are undertaking activity modelling for cancer recovery which will identify the support required locally.
- The STP Cancer Board met for the first time since the introduction of lockdown, however many providers were not represented at the meeting. As a result, key issues around recovery plans were not shared.
- Social distancing measures have impacted on capacity.
- Performance is further impacted on by patient reluctance to attend hospital appointments.

Sandwell and West Birmingham NHS Trust (SWB)

- In May 2020, the Trust demonstrated compliance with the requirements of the Access Cancer Standard but 31 day and 62-day standards are a challenge. The 62-day standard has not been achieved due to the impact of COVID-19 on Endoscopy and other diagnostic services, and clinical decisions to reschedule patients due to identified clinical risks.
- A number of 104-day cancer breaches have occurred during the COVID-19 period.

Dudley Group NHS Foundation Trust (DGFT)

- DGFT has the highest number of 104 day waits in the STP (latest figure suggests this is 205 patients).
- The Trust is working through the backlog of patients with improvements expected to be seen in 2 week wait by August 2020.

Royal Wolverhampton NHS Trust (RWT)

- In May 2020, the Trust achieved the 2 week wait for cancer and breast symptomatic referrals which is an improved performance compared to previous reporting month of April 2020.
- 23 patients were treated at 104+ days breaches May.

Walsall NHS Healthcare Trust (WHT)

- WHT achieved the 2 week wait for cancer and breast symptomatic referrals in May.
- 62 day wait for first treatment target remains a challenge for the Trust.
- There were 2 x 104 day waits breaches.

2.2 Monitoring Arrangements, Actions and Assurance

- Communication strategies continue to encourage patients to attend appointments.
- Trusts have introduced alternative pathways to maintain social distancing and undertake initial 2 week wait assessments.
- Serious incidents are monitored to identify correlation with delayed treatment.
- Harm Reviews are undertaken by Trusts - processes are being reviewed to ensure there is consistency across the STP.
- Discussions related to local cancer performance are held at Cancer Local Improvement Teams.
- Cancer and urgent referral patients are prioritised for diagnostic procedures.
- Trusts are working closely with CCGs to support and monitor ongoing progress with restoration and recovery plans.
- Patients declining diagnostics and treatments patients have been safety netted.
- Consultants and CNSs encourage and reassure patients to attend.

3.0 REFERAL TO TREATMENT TIMES (RTT)

3.1 Quality & Safety Analysis

- The impact of COVID –19 is reflected in National RTT performance and is a challenge for Trusts within the STP.
- There is a concern that performance will further deteriorate as GP referrals increase.

Sandwell and West Birmingham NHS Trust

- In May 2020 the Trust reported RTT at 83.5% with a growing backlog of 9964 patients.
- 52-week breaches increased from 7 in April 2020 to 35 reported in May 2020.

Dudley Group NHS Foundation Trust

- Trust performance for RTT in May was 73.05%.
- The Trust is currently operating at 75% capacity providing services for cancer, urgent and long wait patients. Despite the independent sector support there will still be a challenge to move from 75% to 100% capacity.

Royal Wolverhampton NHS Trust

- The 18 weeks position further deteriorated to 63.19% during May 2020, as a result of continued cancellations of both routine elective inpatients and outpatient clinics.
- The Trust reported 52 patients who have breached the 52+ weeks wait.
- The overall incomplete number remains well below 40,000 at month end.

Walsall NHS Healthcare Trust

- 18 week referral incomplete pathway performance deteriorated from 75.8% in April to 67.1% in May.
- Trust booking utilisation remains below pre-COVID-19 levels.

- The backlog at the end of June was 12688 which is an improving picture from 13374 in May.
- June saw an increase in referrals (25% May to June), but still below pre COVID-19 numbers.
- There were eight surgical 52 week incomplete breaches in June.
- The number of routine elective lists has been increasing during July, prioritising cancers and urgent cases. It is anticipated that additional routine patients will be accommodated with the increase in lists, but the risk of 52 week breaches will remain.

3.2 Monitoring Arrangements, Actions and Assurance

- Daily information is submitted to NHSE/I regarding elective care which is shared with CCGs as part of the oversight of the recovery of services.
- Theatre lists have commenced, with plans to increase utilisation of theatres.
- The independent sector continues to be utilised.
- Weekly monitoring of 104/62 day waits with twice weekly submissions to Midlands ICC.
- Trusts continually work to re-introduce clinics and admissions where possible and continue with the telephone consultation clinics.
- Trusts are working on restoration and recovery plans with CCGs working closely with Trusts to support and monitor the ongoing progress of this work.
- Harm reviews are undertaken to identify physical or psychological harm. Harm review processes across the STP are being reviewed to standardise and ensure assurance.
- Engagement with Primary Care to provide clarity to GPs around the situation of services.

4.0 DIAGNOSTICS

4.1 Quality & Safety Analysis

- Diagnostic performance both nationally and regionally has been impacted on by COVID-19 due to the cancelation of procedures, operational capacity and patients choosing not to attend hospitals.

Sandwell and West Birmingham NHS Trust

- In May 2020 there were 8200 breaches of the 6-week screening standard.
- The Trust has advised that diagnostic work has now been reintroduced in areas where it is safe to do so.
- Core recovery plan metrics will now be included within the Integrated Quality Performance Report (IQPR).

Dudley Group NHS Foundation Trust

- The Trust diagnostic performance is not anticipated to recover for some time.
- Work continues in relation to the implementation of the action plan resulting from the CQC inspection.

Royal Wolverhampton NHS Trust

- While diagnostics remains a challenge performance saw an improvement in June.

Walsall Healthcare NHS Trust

- Diagnostics performance saw a slight overall improvement during May with a phased return to elective care which began in June.
- MRI & CT services are back to pre-COVID-19.

4.2 Monitoring Arrangements, Actions and Assurance

- Trusts are working together to develop Systemwide Restoration and Recovery Plans-this includes the Clinical Reference Group Endoscopy Workstream.
- All Trusts have restoration and recovery plans which are supported and monitored by CCGs
- Trusts follow the current national guidelines for all diagnostics and all patients are being managed on a case by case basis. Trusts are focusing on delivering tests for all urgent requests and cancer suspicious cases.

- Referrals are clinically triaged and virtual outpatient appointment offered via telephone or other digital means. Face to face appointments offered where necessary.
- Following the COVID-19 pandemic, there will be a clinical validation of all pathways, ensuring that patient choice, priority and needs are met.
- Mobile MRI & CT scanners have been sourced and are being utilised to maximise the number of tests being carried whilst maintaining social distancing rules.
- External support has been procured to support waiting times (e.g. endoscopy and neurophysiology).
- Additional options for increasing elective care on site or community based continue to be explored.

5.0 MENTAL HEALTH AND LEARNING DISABILATIES

5.1 Quality & Safety Analysis

- The Black Country Partnership Trust and Dudley Walsall Mental Health Trust merged 1/4/20 to become one organisation providing Mental Health and Learning Disability services across the Black Country –the Black Country Healthcare Foundation Trust (BCHFT).

5.2 Monitoring Arrangements, Actions and Assurance

- Integrated assurance arrangements are being developed to ensure mechanisms are in place to effectively gain assurance relating to the quality and safety of the merged provider across the Black Country footprint.
- Strengthened reporting mechanisms have already been embedded and further work is ongoing.
- Both Trusts have recently been rated 'Good' in their most recent CQC inspections and have seen improving staff survey results.
- The trust is fully engaging with the CCGs and assurance has been gained from the trust through monthly CQRMs.

5.3 PSYCHOLOGICAL THERAPIES HUB

5.3.1 Quality & Safety Analysis

- There have been some concerns related to access to the Psychological Therapies Hub.

5.3.2 Monitoring Arrangements, Actions and Assurance

- The waiting list has been reviewed to identify patients who no longer require intervention.
- The criterion for entry to the service has been reviewed and a new referral form amended.
- Performance will be monitored to ensure there is a positive impact on patient experience.

5.4 IAPT SERVICES

5.4.1 Quality & Safety Analysis

- Access to IAPT services remains a challenge.
- Access targets were not met for all CCGs in May 2020.
- Performance has been a constant challenge for Dudley and Walsall.
- IAPT services in Dudley are now provided by Dudley Integrated Health and Care NHS (DIHC).

5.4.2 Monitoring Arrangements, Actions and Assurance

- Weekly information (currently un-validated) is being submitted to Dudley CCG which suggests numbers are increasing and improvements are being made.
- The Dudley contracting team are hoping to receive information from the BI team imminently in relation to agreed recovery trajectories which will be discussed at future CQRMs.
- In Walsall a contract performance notice has been issued to the provider and a Remedial Action Plan for access and recovery rates is in place for Walsall

5.5. LEARNING DISABILITIES

5.5.1 Quality & Safety Analysis

The Learning Disability Inpatient unit at Penrose currently remains closed to admissions, with staff redeployed to the Gerry Simon Clinic and the Larches to work in Red/Green zones.

A temporary arrangement exists to send female patients to Mental Health wards and male patients to the Larches.

5.5.2 Monitoring Arrangements, Actions and Assurance

These arrangements continue to be reviewed as part of the 3 times weekly Trust COVID-19 and Divisional restoration meetings.

5.6 CHILDREN'S SERVICES

5.6.1 Quality & Safety Analysis

- The Trust have commenced working towards normalisation at the hospital through restoration and recovery plans.
- Children's Continence services have been suspended for Dudley due to challenges in resources and COVID -19 pressures.
- There is a continuing risk regarding the provision of Safeguarding support/supervision.

5.6.2 Monitoring Arrangements, Actions and Assurance

- Continence Service:
  - There is ongoing review of the continence team.
  - Children on the waiting list will be seen- high risk children will be prioritised; including those with a child protection plan, a child in need plan or is a looked after child.
  - A business case for a sustainable service in relation to staffing and equipment has been submitted to Dudley CCG.
  - Dudley CCG provided funding for the purchase of 2 bladder scanners which assisted the service delivery.
  - Performance indicators have continued to show that the service has met planned trajectory.
  - The ICP has been updated on the current position, the Continence Service is due to transfer in October 2020.
- Safeguarding Supervision:
  - The Safeguarding Children Supervision Policy 2020 has been approved but due to COVID-19 it has not yet been fully implemented due to the need of ongoing training requirements.
  - In the interim staff continue to access safeguarding supervision from Named Nurses virtually when any concerns are raised.

5.7 TCP

5.7.1 Quality & Safety Analysis

- Historically each CCG has worked independently to ensure the of services within their own localities, but also been accountable for their individually placed patients within their own geographical footprint or outside. Transforming Care, the STP footprint and the Black Country and West Birmingham CCGs coming together has meant that CCGS are working together as one organisation and one commissioner for learning disabilities and/or autism.
- In June 2020 concerns related to Vestige HealthCare were raised by Birmingham and Coventry CCG which were reported to the TCP Quality Group Meeting. The local authority also advised SWB CCG adult safeguarding lead of concerns raised by the CQC. These were shared with the Chief Nurse, Head of Autism and Learning Disabilities, Quality lead.

5.7.2 Monitoring Arrangements, Actions and Assurance

- Concerns related to Vestige Healthcare will be addressed by SWB CCG Quality Lead with direction from the Deputy Chief Nursing Officer and Chair of the TCP Quality Group. The SRO and Sandwell Executive Director, the Head of Autism and Learning Disabilities, and the Senior Commissioning Manager from SWB CCG are also all involved to address the concerns.
- The CCG wishes to take a supportive approach with the provider.
- Visit by CCG being planned by Quality lead SWB CCG and Deputy Chief Nurse.
- No concerns by Walsall CCG and Dudley CCG.
- A Black Country CQRM for Learning Disability and/or Autism Providers will be developed and out of area commissioners will be invited.

6.0 **MORTALITY**

6.1 Quality & Safety Analysis

- Latest SHMI data (February 2020) places all Acute Trusts within the BCWB CCGs within the 'as expected range'.
- As a result in COVID-19 there is a reported increase in the crude mortality rate which has been further impacted on by the increase in discharges.

6.2 Monitoring Arrangements, Actions and Assurance

- The STP Clinical Leadership has established a COVID -19 Review Group to allow the review of activity at each place and the sharing of learning across the STP.
- Multiagency Community COVID-19 Related Deaths Review Groups have been established in each Place.
- All COVID-19 related deaths, including care home deaths will be reviewed through an SJR to learn from aspects of care that could have been improved, even when death was inevitable, to identify areas of good practice and achieve the following outcomes:
    - Improving quality of care and safety across the health economy
    - Improving end of life pathways
- Local SOPs have been finalised.
- It is expected that all reviews will be completed by August 2020 and any learning identified from these reviews will be shared across the STP.

7 **LeDeR**

7.1 Quality & Safety Analysis

	BC	Dudley	Walsall	S&WB	WHT
Total Number of death notifications	255	65	50	100	40
Number of CDOP cases	12	7	0	4	1
Adult LeDeR Reviews	243	58	50	96	39
Number of reviews in progress/allocated	54	25	11	8	10
Number of Reviews on Hold	17	6	3	4	4
Number of Review to be signed off	8	1	1	4	2
Number of unallocated reviews	12	6	3	3	0
Number of completed reviews	152	20	32	77	23

- There are currently two reviews where the need for multi-agency reviews has been identified. This is where there are specific concerns that the care significantly contributed or did contribute to the person's death or, if further learning from organisations/services coming together can be identified.

- The 4th Annual LeDeR report was published in July. It is believed that this will form a bigger piece of work on "Health Inequalities" which the Midlands region will be asked to contribute towards.

7.2 Monitoring Arrangements, Actions and Assurance

- Additional agency reviewers have been commissioned to assist in completing the outstanding reviews which have increased in number due to additional deaths from Covid-19, as well as the lack of capacity of existing reviewers as they were redeployed in front-line roles.
- The Chief Nursing Officer for BCWB CCGs has also written to all providers to request support from their organisations by committing a minimum number of trained reviewers to complete at least two reviews each per year.
- COVID-19 Reviews:
  - NHSE requested eight reviews be completed by 24th July as part of the Black Country contribution to a National LeDeR Report by Bristol University due in early autumn. These were submitted on time and the report aims to highlight learning for a potential second wave of Covid-19.
  - Additional information relating to the impact of Covid-19 was requested
    - Main issues that are likely to be highlighted include:
    - Poor evidence of official "shielding" advice sent to people with a learning disability
    - Need to highlight the risk factors: previous episode of respiratory disease such as pneumonia, aspiration pneumonia, or diabetes, cancer, obesity, high blood pressure, heart disease etc.;
    - Encouraging the improved uptake and delivery of Annual Health Checks to address this.
    - Consideration of the wider health impacts for the person (e.g. cancellation of routine clinic appointments, support for other long-term health conditions, mental health effects on other residents, ability to take exercise, availability of food supplies etc.)?
    - What measures were taken by the individuals, their family and care/support staff to reduce the spread of COVID-19 (e.g. isolation, PPE, access to testing) and any difficulties with these.
    - Ensuring people with a learning disability are supported to have flu jabs.
    - Completion of DNACPR and use of Mental Capacity Act.
- Next Steering Group meeting on 17th August 2020.
- LeDeR Learning Event will be rescheduled as the impact of Covid-19 on staff availability is reduced.

8 CHC

8.1 Quality & Safety Analysis

- Due to Covid 19, no new assessments have been completed since 19 March 2020 therefore no monthly Quality Performance data required by NHSE/I.
- Quarter 1 data has been submitted to NHSEI for benchmarking to monitor fast tracks, FNCs and the overall number of those eligible for CHC. There will be no data collected by NHSEI for Public Health Budgets until January 2021.
- The CHC service nationally is on the NHSEI risk register with an estimated back log of 8000 assessments nationally.

8.2 Monitoring Arrangements, Actions and Assurance

- Backlog data has been submitted to NHSE/I.
- Recovery plans have been developed with the recovery expected in August 2020.
- CHC Nurse Assessors are currently working on the backlog of care reviews.

- Community checklists are being screened and discussions held with the referrer to ensure patients' needs are currently being met and where a health need had been identified which was beyond the scope of the LA then a POC has been arranged by the CHC team which is currently funded through the Covid-19 pathway.
- CHC Nurse Assessors have completed safe and well calls with NOK for all those patients in their own home and adjusted packages as required to ensure patients are safe at home and have arranged PPE for those who have been unable to source.
- For CHC patients at home with a personal health budget, the PHB nurse has been in regular contact, adjustments made to payments where required and had ensured all have a supply of PPE.

9 SAFEGUARDING

9.1 Quality & Safety Analysis

- Support continues to be provided across the health economy by Designated and Named Professionals to ensure inter-agency responsibilities are fulfilled.
- Within the Black Country and West Birmingham footprint each of the areas have individual arrangements in place to support partnership working.

9.2 Monitoring Arrangements, Actions and Assurance

- 'Johari Window Model' used to review and prioritise Safeguarding Workstreams.
- Weekly safeguarding sitreps are made available through ICC to Covid-19 system response team, identifying any areas for escalation, offering mitigation and assurance.
- Walsall CCG Safeguarding Team together with the contract team continue to progress the service specification for the MASH service at WHT. Agreement for the prioritisation of a named nurse and administration support has been reached. Assurance related to contingency plans for sickness and annual leave have been requested.
- Virtual Safeguarding Adult and Children Level 3 Training sessions have been commissioned and are being successfully delivered across Primary Care.
- Partnership Meetings - Strategic Safeguarding Partnership meetings for both adults and children have been held virtually. Multi-agency Operational Contingency Meetings have been convened to share agency continuity plans and manage multi-agency surge. Restoration plans have also been developed and partnership working arrangements within Sandwell have been strengthened.
- Recently revised Domestic Abuse guidance has been circulated to support staff with Domestic Abuse Disclosures at local swabbing test sites. This also includes signposting to local and national domestic abuse services in order to provide the appropriate support for victims. There has been additional work undertaken by community pharmacy leads and supermarkets to provide information to the general public promoting local support services.
- Work is continuing to support safeguarding leads within each Primary Care Network (PCN) in relation to their work with care homes.
- A safeguarding self-assessment tool has recently been developed and has been piloted between 4 local care homes to provide assurance on safeguarding arrangements.
- As a response to the commencement of weekly meetings with the BC Chief Nurse and safeguarding leads, weekly meetings with the Black Country (BC) Safeguarding and CYPiC designates were initiated. The role and function of these were to co-ordinate pieces of work on a BC footprint, identify and discuss risks and concerns, and identify solutions in readiness for the discussions with the Chief Nurse.
- A weekly safeguarding SitRep report was formulated where it was agreed for all exceptions in relation to safeguarding children in each local place were reported to the Chief Nurse and any themes occurring across the BC were identified.
- Weekly safeguarding and CYPiC assurance returns to NHSE commenced alongside the safeguarding SitRep.

10. PRIMARY CARE

10.1 Quality & Safety Analysis

- Practices are being supported to deliver care as per the NHSE/I letter of 9 July 2020 which stated that '*all practices must now also deliver face to face care, where clinically appropriate. It should be clear to patients that all practice premises are open to provide care, with adjustments to the mode of delivery. No practice should be communicating to patients that their premises are closed. Nor should they be redirecting patients to other parts of the system, except where clinically assessed as appropriate,'*
- Flu Immunisation Program:
    - An STP plan will be submitted by the 30/7/20, which will include both local and system plans for the delivery of the flu vaccinations program.
    - Significantly increased activity is anticipated as the program will be extended to include individuals aged over 50 years, family members of shielding groups.
- CQC inspections are due to recommence in September 2020. The CQC is planning to alter its current model of inspection in order to adapt to the COVID-19 pandemic by undertaking possible remote inspections.

10.2 Monitoring Arrangements, Actions and Assurance

- Sitreps continue to be submitted.
- Practices work in line with national guidance pertaining to risk factors, patient management, infection control and workforce (BMA, RCGP, NHSE Standard Operating Procedure).
- Health Economy Working Group established including a clinical services work stream –aim to ensure primary care pathways and access to services is clearly defined, particularly any changes made to individual services that impact on practice awareness of the arrangements in place in Community Services, Social Care and Care Homes, Mental Health and to ensure pathways including discharge from hospital, CHC provisions, third sector support and the role of COVID-19 Management Centres are utilised to good effect.
- PCNs are actively engaged in WhatsApp Group exchanging information & ideas.
- A package of supplementary support developed by General Practice Nurse Champions to provide advice to patients in their own homes who may potentially be isolated. This is in conjunction with social care and the voluntary sector.
- CCGs across the Black Country are working to review and align current reporting procedures specifically to Primary care.
- A communication has been sent to general practice asking them to register with the national portal if not already done so and to start to place PPE orders.
- CCGs will support the Flu immunisation program.
- CCGs continue to work closely with CQC inspectors.

11. PPE Cell

11.1 Quality & Safety Analysis

The PPE Cell continues to source and supply PPE for GP Practices across the STP.

11.2 Monitoring Arrangements, Actions and Assurance

Deliveries:

- All General Practices in the Black Country who requested a delivery received all requested PPE for the month of July:
    - Sandwell = 59 including Amber sites
    - Wolverhampton = 35
    - Dudley = 46
    - Walsall = 47

- A total of 187 practices have been delivered to which is an increase on the previous months as more practices reinstate services.
- All Red sites, CHC, Swabbing Teams and CMS are supported.
- To date and amongst other items, deliveries include:
    - 239,000 Surgical Face Masks (4781packs)
    - 354800 Aprons (1774 rolls)
    - 12000 Hand Sanitisers
    - 3900 Packs of Gloves
    - 11500 Visors / Safety Glasses
    - 12736 FFP3 Masks

Stock:

Stock held in Jubilee House/Goscote Old Kitchens:

- Fluid Repellent Surgical Masks Type 2 IIR = 203200 / 4064 boxes
- Medium Gloves = 964 boxes
- Large Gloves =656 boxes
- Small Gloves = 514 boxes
- Aprons = 2216 rolls
- FFP3 = 9226 – across 3 different models
- Hand Sanitiser 120ml = 2534
- Hand Sanitiser 500ml = 1026
- Visors = 15886
- Goggles = 2880

- LRF deliveries have now reduced following a large delivery received at the end of June. Work is now underway with Primary Care teams to progress GPs onto the online PPE portal for ordering of all required PPE. Progress is being reported through the LRF on a weekly basis.
- The (LRF) tracker is populated and returned three times per week and utilised to develop our own systems of stock profile management to better predict future usage and order requirements.

12 CARE HOMES

12.1 Quality & Safety Analysis

The BCWB health response to COVID-19 was led by the CNO for CCGs and commenced in early March in response to the recognition of contingencies needing to be put in place to safeguard and protect our most vulnerable and elderly population residing in independent care homes.

The approach recognised and built upon the excellent work already in each place and in support of care homes, care home workforce and managers of these independent organisations.

12.2 Monitoring Arrangements, Actions and Assurance

- Education**:**
    - Clinical and quality teams continue to roll out training to enhance roles, develop expertise and confidence in care home staff in the areas of taking observations, Infection Prevention and Control (IPC), recognising deterioration and escalation as well as EOLC (end of life care) and ACP (advance care planning).
    - IPC training, support and management will remain a key factor in the management of vulnerable patients in care homes going forwards. The responsibilities and oversight of these arrangements currently sit with Directors of Public Health but CCG support and oversight will be required.

- Safe Discharges**:**
  - To ensure safe discharges there is collaborative approach with acute and LA colleagues, including Public Health and Infection Prevention with to D2A arrangements amended during the COVID-19 emergency.
  - Homes are contacted regularly to identify any issues or concerns that can be addressed via multiagency meetings.
  - All patients are swabbed 48 hours prior to discharge from the acute hospital setting and isolated for 14 days on arrival into the care home setting.
  - Clear advice on isolation, PPE and IPC practice is given to the home at point of discharge.
  - CHC teams are advised of all patients discharged into bed based care and clinical nursing care reviews are completed.
  - The implementation of the Enhanced Care Home support is providing additional support for residents in care home settings, whether permanent or short stay and will deliver regular clinical oversight of all residents; particularly those with high levels of need.
  - Clinical staff undertake weekly Safe and Wellbeing calls to patients including those with PHB's and Complex Care Needs, and the Domiciliary Providers that support them. These wellbeing calls are RAG rated according to ongoing needs. Virtual MDTs take place when required as part of the D2A pathway.
- Response Teams:
  - A multiagency response is in place where outbreaks are identified led by the most appropriate team e.g. IPC, health protection, community, and quality teams for each place. Health protection, quality team and IPC teams have supported homes with outbreak management and with input from PHE.

13.0 RECOMMENDATION(s)

The Committee is requested to:
1) Receive and note the information provided in this report for assurance.
2) Discuss any aspects of concern and agree on action to be taken.

Sally Roberts
Chief Nursing Officer. Black Country & West Birmingham CCGs

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**Janet Herrod Sue Nichols Sara Bailey Sukhdip Parvez**	**20/7/20**
Public/ Patient View	**N/A**	
Finance Implications discussed with Finance Team	**N/A**	
Quality Implications discussed with Quality and Risk Team	**Sue Nichols Sara Bailey Sukhdip Parvez Tom Jinks**	**20/7/20**
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Governance Teams	**N/A**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**N/A**	
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	
Signed off by Report Owner (Must be completed)	**Sally Roberts**	

Working together for healthier futures

JOINT HEALTH COMMISSIONING BOARD

DATE OF MEETING: 11th August 2020
AGENDA ITEM: 3.1

TITLE OF REPORT:	Quality and Safety Exception Report
PURPOSE OF REPORT:	To provide an update by exception of quality and safety issues relating to West Birmingham and Black Country CCG activities in the last reporting period.(May 2020)
AUTHOR(S) OF REPORT:	Sally Roberts: Chief Nursing Officer. Black Country & West Birmingham CCGs
MANAGEMENT LEAD/SIGNED OFF BY:	Sally Roberts: Chief Nursing Officer. Black Country & West Birmingham CCGs
PUBLIC OR PRIVATE:	Public
KEY POINTS:	Quality and safety report provided by exception for this reporting period (May 2020). Areas raised by exception have local or STP level mitigation actions in place.
RECOMMENDATION:	To receive the report and support the monitoring arrangements and actions in place for assurance.
CONFLICTS OF INTEREST:	None identified
LINKS TO CORPORATE OBJECTIVES:	All areas reported by exception
ACTION REQUIRED:	x Assurance ☐ Approval ☐ For Information
Possible implications identified in the paper:	
Financial	
Risk Assurance Framework	x
Policy and Legal Obligations	
Equality & Diversity	
Governance	

1.0 INTRODUCTION

1.1 This paper provides an update by exception of quality and safety issues related to Black Country and West Birmingham CCGs (BCWB) activities reported in May 2020. It aims to provide assurance related to the monitoring arrangements and actions taken.

1.2 Included areas are highlighted within the report are RAG rated:

Red: Significant performance issues impacting on quality and safe service delivery
Amber: Not on Target, Minor risks identified
Green: On Target/No Risks identified

Issue	RAG
Cancer	
RTT	
Diagnostics	
Mental Health & Learning Disability	
TCP	
LeDeR	
CHC	
Safeguarding	
Primary Care	
Care Homes	

1.3. To ensure consistent and standardised reporting across the STP a dataset and report template for Place Integrated Performance, Quality & Safety Reports have been developed for submission of reports to the Place Committees. These will be used to inform this report going forward.

2.0 CANCER PERFORMANCE

2.1 Quality & Safety Analysis

- The West Midlands Cancer Alliance recently published a report which suggested that the West Midlands area is the worst performing region in the country with regards to cancer performance. NHS England /Improvement has requested that local systems identify ring fenced capacity to allow referrals, diagnostics and treatment to be re-instated to pre-pandemic levels at the earliest opportunity, to minimise potential harm to patients and to reduce the scale of post pandemic surge in demand. Regional Cancer Alliances are undertaking activity modelling for cancer recovery which will identify the support required locally.
- The STP Cancer Board met for the first time since the introduction of lockdown, however many providers were not represented at the meeting. As a result, key issues around recovery plans were not shared.
- Social distancing measures have impacted on capacity.
- Performance is further impacted on by patient reluctance to attend hospital appointments.

Sandwell and West Birmingham NHS Trust (SWB)

- In May 2020, the Trust demonstrated compliance with the requirements of the Access Cancer Standard but 31 day and 62-day standards are a challenge. The 62-day standard has not been achieved due to the impact of COVID-19 on Endoscopy and other diagnostic services, and clinical decisions to reschedule patients due to identified clinical risks.
- A number of 104-day cancer breaches have occurred during the COVID-19 period.

Dudley Group NHS Foundation Trust (DGFT)

- DGFT has the highest number of 104 day waits in the STP (latest figure suggests this is 205 patients).
- The Trust is working through the backlog of patients with improvements expected to be seen in 2 week wait by August 2020.

Royal Wolverhampton NHS Trust (RWT)

- In May 2020, the Trust achieved the 2 week wait for cancer and breast symptomatic referrals which is an improved performance compared to previous reporting month of April 2020.
- 23 patients were treated at 104+ days breaches May.

Walsall NHS Healthcare Trust (WHT)

- WHT achieved the 2 week wait for cancer and breast symptomatic referrals in May.
- 62 day wait for first treatment target remains a challenge for the Trust.
- There were 2 x 104 day waits breaches.

2.2 Monitoring Arrangements, Actions and Assurance

- Communication strategies continue to encourage patients to attend appointments.
- Trusts have introduced alternative pathways to maintain social distancing and undertake initial 2 week wait assessments.
- Serious incidents are monitored to identify correlation with delayed treatment.
- Harm Reviews are undertaken by Trusts - processes are being reviewed to ensure there is consistency across the STP.
- Discussions related to local cancer performance are held at Cancer Local Improvement Teams.
- Cancer and urgent referral patients are prioritised for diagnostic procedures.
- Trusts are working closely with CCGs to support and monitor ongoing progress with restoration and recovery plans.
- Patients declining diagnostics and treatments patients have been safety netted.
- Consultants and CNSs encourage and reassure patients to attend.

3.0 REFERAL TO TREATMENT TIMES (RTT)

3.1 Quality & Safety Analysis

- The impact of COVID –19 is reflected in National RTT performance and is a challenge for Trusts within the STP.
- There is a concern that performance will further deteriorate as GP referrals increase.

Sandwell and West Birmingham NHS Trust

- In May 2020 the Trust reported RTT at 83.5% with a growing backlog of 9964 patients.
- 52-week breaches increased from 7 in April 2020 to 35 reported in May 2020.

Dudley Group NHS Foundation Trust

- Trust performance for RTT in May was 73.05%.
- The Trust is currently operating at 75% capacity providing services for cancer, urgent and long wait patients. Despite the independent sector support there will still be a challenge to move from 75% to 100% capacity.

Royal Wolverhampton NHS Trust

- The 18 weeks position further deteriorated to 63.19% during May 2020, as a result of continued cancellations of both routine elective inpatients and outpatient clinics.
- The Trust reported 52 patients who have breached the 52+ weeks wait.
- The overall incomplete number remains well below 40,000 at month end.

Walsall NHS Healthcare Trust

- 18 week referral incomplete pathway performance deteriorated from 75.8% in April to 67.1% in May.
- Trust booking utilisation remains below pre-COVID-19 levels.

- The backlog at the end of June was 12688 which is an improving picture from 13374 in May.
- June saw an increase in referrals (25% May to June), but still below pre COVID-19 numbers.
- There were eight surgical 52 week incomplete breaches in June.
- The number of routine elective lists has been increasing during July, prioritising cancers and urgent cases. It is anticipated that additional routine patients will be accommodated with the increase in lists, but the risk of 52 week breaches will remain.

3.2 Monitoring Arrangements, Actions and Assurance

- Daily information is submitted to NHSE/I regarding elective care which is shared with CCGs as part of the oversight of the recovery of services.
- Theatre lists have commenced, with plans to increase utilisation of theatres.
- The independent sector continues to be utilised.
- Weekly monitoring of 104/62 day waits with twice weekly submissions to Midlands ICC.
- Trusts continually work to re-introduce clinics and admissions where possible and continue with the telephone consultation clinics.
- Trusts are working on restoration and recovery plans with CCGs working closely with Trusts to support and monitor the ongoing progress of this work.
- Harm reviews are undertaken to identify physical or psychological harm. Harm review processes across the STP are being reviewed to standardise and ensure assurance.
- Engagement with Primary Care to provide clarity to GPs around the situation of services.

4.0 DIAGNOSTICS

4.1 Quality & Safety Analysis

- Diagnostic performance both nationally and regionally has been impacted on by COVID-19 due to the cancelation of procedures, operational capacity and patients choosing not to attend hospitals.

Sandwell and West Birmingham NHS Trust

- In May 2020 there were 8200 breaches of the 6-week screening standard.
- The Trust has advised that diagnostic work has now been reintroduced in areas where it is safe to do so.
- Core recovery plan metrics will now be included within the Integrated Quality Performance Report (IQPR).

Dudley Group NHS Foundation Trust

- The Trust diagnostic performance is not anticipated to recover for some time.
- Work continues in relation to the implementation of the action plan resulting from the CQC inspection.

Royal Wolverhampton NHS Trust

- While diagnostics remains a challenge performance saw an improvement in June.

Walsall Healthcare NHS Trust

- Diagnostics performance saw a slight overall improvement during May with a phased return to elective care which began in June.
- MRI & CT services are back to pre-COVID-19.

4.2 Monitoring Arrangements, Actions and Assurance

- Trusts are working together to develop Systemwide Restoration and Recovery Plans-this includes the Clinical Reference Group Endoscopy Workstream.
- All Trusts have restoration and recovery plans which are supported and monitored by CCGs
- Trusts follow the current national guidelines for all diagnostics and all patients are being managed on a case by case basis. Trusts are focusing on delivering tests for all urgent requests and cancer suspicious cases.

- Referrals are clinically triaged and virtual outpatient appointment offered via telephone or other digital means. Face to face appointments offered where necessary.
- Following the COVID-19 pandemic, there will be a clinical validation of all pathways, ensuring that patient choice, priority and needs are met.
- Mobile MRI & CT scanners have been sourced and are being utilised to maximise the number of tests being carried whilst maintaining social distancing rules.
- External support has been procured to support waiting times (e.g. endoscopy and neurophysiology).
- Additional options for increasing elective care on site or community based continue to be explored.

5.0 MENTAL HEALTH AND LEARNING DISABILATIES

5.1 Quality & Safety Analysis

- The Black Country Partnership Trust and Dudley Walsall Mental Health Trust merged 1/4/20 to become one organisation providing Mental Health and Learning Disability services across the Black Country –the Black Country Healthcare Foundation Trust (BCHFT).

5.2 Monitoring Arrangements, Actions and Assurance

- Integrated assurance arrangements are being developed to ensure mechanisms are in place to effectively gain assurance relating to the quality and safety of the merged provider across the Black Country footprint.
- Strengthened reporting mechanisms have already been embedded and further work is ongoing.
- Both Trusts have recently been rated 'Good' in their most recent CQC inspections and have seen improving staff survey results.
- The trust is fully engaging with the CCGs and assurance has been gained from the trust through monthly CQRMs.

5.3 PSYCHOLOGICAL THERAPIES HUB

5.3.1 Quality & Safety Analysis

- There have been some concerns related to access to the Psychological Therapies Hub.

5.3.2 Monitoring Arrangements, Actions and Assurance

- The waiting list has been reviewed to identify patients who no longer require intervention.
- The criterion for entry to the service has been reviewed and a new referral form amended.
- Performance will be monitored to ensure there is a positive impact on patient experience.

5.4 IAPT SERVICES

5.4.1 Quality & Safety Analysis

- Access to IAPT services remains a challenge.
- Access targets were not met for all CCGs in May 2020.
- Performance has been a constant challenge for Dudley and Walsall.
- IAPT services in Dudley are now provided by Dudley Integrated Health and Care NHS (DIHC).

5.4.2 Monitoring Arrangements, Actions and Assurance

- Weekly information (currently un-validated) is being submitted to Dudley CCG which suggests numbers are increasing and improvements are being made.
- The Dudley contracting team are hoping to receive information from the BI team imminently in relation to agreed recovery trajectories which will be discussed at future CQRMs.
- In Walsall a contract performance notice has been issued to the provider and a Remedial Action Plan for access and recovery rates is in place for Walsall

5.5. LEARNING DISABILITIES

5.5.1 Quality & Safety Analysis

The Learning Disability Inpatient unit at Penrose currently remains closed to admissions, with staff redeployed to the Gerry Simon Clinic and the Larches to work in Red/Green zones.

A temporary arrangement exists to send female patients to Mental Health wards and male patients to the Larches.

5.5.2 Monitoring Arrangements, Actions and Assurance

These arrangements continue to be reviewed as part of the 3 times weekly Trust COVID-19 and Divisional restoration meetings.

5.6 CHILDREN'S SERVICES

5.6.1 Quality & Safety Analysis

- The Trust have commenced working towards normalisation at the hospital through restoration and recovery plans.
- Children's Continence services have been suspended for Dudley due to challenges in resources and COVID -19 pressures.
- There is a continuing risk regarding the provision of Safeguarding support/supervision.

5.6.2 Monitoring Arrangements, Actions and Assurance

- Continence Service:
  - There is ongoing review of the continence team.
  - Children on the waiting list will be seen- high risk children will be prioritised; including those with a child protection plan, a child in need plan or is a looked after child.
  - A business case for a sustainable service in relation to staffing and equipment has been submitted to Dudley CCG.
  - Dudley CCG provided funding for the purchase of 2 bladder scanners which assisted the service delivery.
  - Performance indicators have continued to show that the service has met planned trajectory.
  - The ICP has been updated on the current position, the Continence Service is due to transfer in October 2020.
- Safeguarding Supervision:
  - The Safeguarding Children Supervision Policy 2020 has been approved but due to COVID-19 it has not yet been fully implemented due to the need of ongoing training requirements.
  - In the interim staff continue to access safeguarding supervision from Named Nurses virtually when any concerns are raised.

5.7 TCP

5.7.1 Quality & Safety Analysis

- Historically each CCG has worked independently to ensure the of services within their own localities, but also been accountable for their individually placed patients within their own geographical footprint or outside. Transforming Care, the STP footprint and the Black Country and West Birmingham CCGs coming together has meant that CCGS are working together as one organisation and one commissioner for learning disabilities and/or autism.
- In June 2020 concerns related to Vestige HealthCare were raised by Birmingham and Coventry CCG which were reported to the TCP Quality Group Meeting. The local authority also advised SWB CCG adult safeguarding lead of concerns raised by the CQC. These were shared with the Chief Nurse, Head of Autism and Learning Disabilities, Quality lead.

5.7.2 Monitoring Arrangements, Actions and Assurance

- Concerns related to Vestige Healthcare will be addressed by SWB CCG Quality Lead with direction from the Deputy Chief Nursing Officer and Chair of the TCP Quality Group. The SRO and Sandwell Executive Director, the Head of Autism and Learning Disabilities, and the Senior Commissioning Manager from SWB CCG are also all involved to address the concerns.
- The CCG wishes to take a supportive approach with the provider.
- Visit by CCG being planned by Quality lead SWB CCG and Deputy Chief Nurse.
- No concerns by Walsall CCG and Dudley CCG.
- A Black Country CQRM for Learning Disability and/or Autism Providers will be developed and out of area commissioners will be invited.

6.0 **MORTALITY**

6.1 Quality & Safety Analysis

- Latest SHMI data (February 2020) places all Acute Trusts within the BCWB CCGs within the 'as expected range'.
- As a result in COVID-19 there is a reported increase in the crude mortality rate which has been further impacted on by the increase in discharges.

6.2 Monitoring Arrangements, Actions and Assurance

- The STP Clinical Leadership has established a COVID -19 Review Group to allow the review of activity at each place and the sharing of learning across the STP.
- Multiagency Community COVID-19 Related Deaths Review Groups have been established in each Place.
- All COVID-19 related deaths, including care home deaths will be reviewed through an SJR to learn from aspects of care that could have been improved, even when death was inevitable, to identify areas of good practice and achieve the following outcomes:
    - Improving quality of care and safety across the health economy
    - Improving end of life pathways
- Local SOPs have been finalised.
- It is expected that all reviews will be completed by August 2020 and any learning identified from these reviews will be shared across the STP.

7 **LeDeR**

7.1 Quality & Safety Analysis

	BC	Dudley	Walsall	S&WB	WHT
Total Number of death notifications	255	65	50	100	40
Number of CDOP cases	12	7	0	4	1
Adult LeDeR Reviews	243	58	50	96	39
Number of reviews in progress/allocated	54	25	11	8	10
Number of Reviews on Hold	17	6	3	4	4
Number of Review to be signed off	8	1	1	4	2
Number of unallocated reviews	12	6	3	3	0
Number of completed reviews	152	20	32	77	23

- There are currently two reviews where the need for multi-agency reviews has been identified. This is where there are specific concerns that the care significantly contributed or did contribute to the person's death or, if further learning from organisations/services coming together can be identified.

- The 4th Annual LeDeR report was published in July. It is believed that this will form a bigger piece of work on "Health Inequalities" which the Midlands region will be asked to contribute towards.

7.2 Monitoring Arrangements, Actions and Assurance

- Additional agency reviewers have been commissioned to assist in completing the outstanding reviews which have increased in number due to additional deaths from Covid-19, as well as the lack of capacity of existing reviewers as they were redeployed in front-line roles.
- The Chief Nursing Officer for BCWB CCGs has also written to all providers to request support from their organisations by committing a minimum number of trained reviewers to complete at least two reviews each per year.
- COVID-19 Reviews:
  - NHSE requested eight reviews be completed by 24th July as part of the Black Country contribution to a National LeDeR Report by Bristol University due in early autumn. These were submitted on time and the report aims to highlight learning for a potential second wave of Covid-19.
  - Additional information relating to the impact of Covid-19 was requested
    - Main issues that are likely to be highlighted include:
    - Poor evidence of official "shielding" advice sent to people with a learning disability
    - Need to highlight the risk factors: previous episode of respiratory disease such as pneumonia, aspiration pneumonia, or diabetes, cancer, obesity, high blood pressure, heart disease etc.;
    - Encouraging the improved uptake and delivery of Annual Health Checks to address this.
    - Consideration of the wider health impacts for the person (e.g. cancellation of routine clinic appointments, support for other long-term health conditions, mental health effects on other residents, ability to take exercise, availability of food supplies etc.)?
    - What measures were taken by the individuals, their family and care/support staff to reduce the spread of COVID-19 (e.g. isolation, PPE, access to testing) and any difficulties with these.
    - Ensuring people with a learning disability are supported to have flu jabs.
    - Completion of DNACPR and use of Mental Capacity Act.
- Next Steering Group meeting on 17th August 2020.
- LeDeR Learning Event will be rescheduled as the impact of Covid-19 on staff availability is reduced.

8 CHC

8.1 Quality & Safety Analysis

- Due to Covid 19, no new assessments have been completed since 19 March 2020 therefore no monthly Quality Performance data required by NHSE/I.
- Quarter 1 data has been submitted to NHSEI for benchmarking to monitor fast tracks, FNCs and the overall number of those eligible for CHC. There will be no data collected by NHSEI for Public Health Budgets until January 2021.
- The CHC service nationally is on the NHSEI risk register with an estimated back log of 8000 assessments nationally.

8.2 Monitoring Arrangements, Actions and Assurance

- Backlog data has been submitted to NHSE/I.
- Recovery plans have been developed with the recovery expected in August 2020.
- CHC Nurse Assessors are currently working on the backlog of care reviews.

- Community checklists are being screened and discussions held with the referrer to ensure patients' needs are currently being met and where a health need had been identified which was beyond the scope of the LA then a POC has been arranged by the CHC team which is currently funded through the Covid-19 pathway.
- CHC Nurse Assessors have completed safe and well calls with NOK for all those patients in their own home and adjusted packages as required to ensure patients are safe at home and have arranged PPE for those who have been unable to source.
- For CHC patients at home with a personal health budget, the PHB nurse has been in regular contact, adjustments made to payments where required and had ensured all have a supply of PPE.

9 SAFEGUARDING

9.1 Quality & Safety Analysis

- Support continues to be provided across the health economy by Designated and Named Professionals to ensure inter-agency responsibilities are fulfilled.
- Within the Black Country and West Birmingham footprint each of the areas have individual arrangements in place to support partnership working.

9.2 Monitoring Arrangements, Actions and Assurance

- 'Johari Window Model' used to review and prioritise Safeguarding Workstreams.
- Weekly safeguarding sitreps are made available through ICC to Covid-19 system response team, identifying any areas for escalation, offering mitigation and assurance.
- Walsall CCG Safeguarding Team together with the contract team continue to progress the service specification for the MASH service at WHT. Agreement for the prioritisation of a named nurse and administration support has been reached. Assurance related to contingency plans for sickness and annual leave have been requested.
- Virtual Safeguarding Adult and Children Level 3 Training sessions have been commissioned and are being successfully delivered across Primary Care.
- Partnership Meetings - Strategic Safeguarding Partnership meetings for both adults and children have been held virtually. Multi-agency Operational Contingency Meetings have been convened to share agency continuity plans and manage multi-agency surge. Restoration plans have also been developed and partnership working arrangements within Sandwell have been strengthened.
- Recently revised Domestic Abuse guidance has been circulated to support staff with Domestic Abuse Disclosures at local swabbing test sites. This also includes signposting to local and national domestic abuse services in order to provide the appropriate support for victims. There has been additional work undertaken by community pharmacy leads and supermarkets to provide information to the general public promoting local support services.
- Work is continuing to support safeguarding leads within each Primary Care Network (PCN) in relation to their work with care homes.
- A safeguarding self-assessment tool has recently been developed and has been piloted between 4 local care homes to provide assurance on safeguarding arrangements.
- As a response to the commencement of weekly meetings with the BC Chief Nurse and safeguarding leads, weekly meetings with the Black Country (BC) Safeguarding and CYPiC designates were initiated. The role and function of these were to co-ordinate pieces of work on a BC footprint, identify and discuss risks and concerns, and identify solutions in readiness for the discussions with the Chief Nurse.
- A weekly safeguarding SitRep report was formulated where it was agreed for all exceptions in relation to safeguarding children in each local place were reported to the Chief Nurse and any themes occurring across the BC were identified.
- Weekly safeguarding and CYPiC assurance returns to NHSE commenced alongside the safeguarding SitRep.

10. PRIMARY CARE

10.1 Quality & Safety Analysis

- Practices are being supported to deliver care as per the NHSE/I letter of 9 July 2020 which stated that '*all practices must now also deliver face to face care, where clinically appropriate. It should be clear to patients that all practice premises are open to provide care, with adjustments to the mode of delivery. No practice should be communicating to patients that their premises are closed. Nor should they be redirecting patients to other parts of the system, except where clinically assessed as appropriate,'*
- Flu Immunisation Program:
    - An STP plan will be submitted by the 30/7/20, which will include both local and system plans for the delivery of the flu vaccinations program.
    - Significantly increased activity is anticipated as the program will be extended to include individuals aged over 50 years, family members of shielding groups.
- CQC inspections are due to recommence in September 2020. The CQC is planning to alter its current model of inspection in order to adapt to the COVID-19 pandemic by undertaking possible remote inspections.

10.2 Monitoring Arrangements, Actions and Assurance

- Sitreps continue to be submitted.
- Practices work in line with national guidance pertaining to risk factors, patient management, infection control and workforce (BMA, RCGP, NHSE Standard Operating Procedure).
- Health Economy Working Group established including a clinical services work stream –aim to ensure primary care pathways and access to services is clearly defined, particularly any changes made to individual services that impact on practice awareness of the arrangements in place in Community Services, Social Care and Care Homes, Mental Health and to ensure pathways including discharge from hospital, CHC provisions, third sector support and the role of COVID-19 Management Centres are utilised to good effect.
- PCNs are actively engaged in WhatsApp Group exchanging information & ideas.
- A package of supplementary support developed by General Practice Nurse Champions to provide advice to patients in their own homes who may potentially be isolated. This is in conjunction with social care and the voluntary sector.
- CCGs across the Black Country are working to review and align current reporting procedures specifically to Primary care.
- A communication has been sent to general practice asking them to register with the national portal if not already done so and to start to place PPE orders.
- CCGs will support the Flu immunisation program.
- CCGs continue to work closely with CQC inspectors.

11. PPE Cell

11.1 Quality & Safety Analysis

The PPE Cell continues to source and supply PPE for GP Practices across the STP.

11.2 Monitoring Arrangements, Actions and Assurance

Deliveries:

- All General Practices in the Black Country who requested a delivery received all requested PPE for the month of July:
    - Sandwell = 59 including Amber sites
    - Wolverhampton = 35
    - Dudley = 46
    - Walsall = 47

- A total of 187 practices have been delivered to which is an increase on the previous months as more practices reinstate services.
- All Red sites, CHC, Swabbing Teams and CMS are supported.
- To date and amongst other items, deliveries include:
    - 239,000 Surgical Face Masks (4781packs)
    - 354800 Aprons (1774 rolls)
    - 12000 Hand Sanitisers
    - 3900 Packs of Gloves
    - 11500 Visors / Safety Glasses
    - 12736 FFP3 Masks

Stock:

Stock held in Jubilee House/Goscote Old Kitchens:

- Fluid Repellent Surgical Masks Type 2 IIR = 203200 / 4064 boxes
- Medium Gloves = 964 boxes
- Large Gloves =656 boxes
- Small Gloves = 514 boxes
- Aprons = 2216 rolls
- FFP3 = 9226 – across 3 different models
- Hand Sanitiser 120ml = 2534
- Hand Sanitiser 500ml = 1026
- Visors = 15886
- Goggles = 2880

- LRF deliveries have now reduced following a large delivery received at the end of June. Work is now underway with Primary Care teams to progress GPs onto the online PPE portal for ordering of all required PPE. Progress is being reported through the LRF on a weekly basis.
- The (LRF) tracker is populated and returned three times per week and utilised to develop our own systems of stock profile management to better predict future usage and order requirements.

12 CARE HOMES

12.1 Quality & Safety Analysis

The BCWB health response to COVID-19 was led by the CNO for CCGs and commenced in early March in response to the recognition of contingencies needing to be put in place to safeguard and protect our most vulnerable and elderly population residing in independent care homes.

The approach recognised and built upon the excellent work already in each place and in support of care homes, care home workforce and managers of these independent organisations.

12.2 Monitoring Arrangements, Actions and Assurance

- Education**:**
    - Clinical and quality teams continue to roll out training to enhance roles, develop expertise and confidence in care home staff in the areas of taking observations, Infection Prevention and Control (IPC), recognising deterioration and escalation as well as EOLC (end of life care) and ACP (advance care planning).
    - IPC training, support and management will remain a key factor in the management of vulnerable patients in care homes going forwards. The responsibilities and oversight of these arrangements currently sit with Directors of Public Health but CCG support and oversight will be required.

- Safe Discharges**:**
  - To ensure safe discharges there is collaborative approach with acute and LA colleagues, including Public Health and Infection Prevention with to D2A arrangements amended during the COVID-19 emergency.
  - Homes are contacted regularly to identify any issues or concerns that can be addressed via multiagency meetings.
  - All patients are swabbed 48 hours prior to discharge from the acute hospital setting and isolated for 14 days on arrival into the care home setting.
  - Clear advice on isolation, PPE and IPC practice is given to the home at point of discharge.
  - CHC teams are advised of all patients discharged into bed based care and clinical nursing care reviews are completed.
  - The implementation of the Enhanced Care Home support is providing additional support for residents in care home settings, whether permanent or short stay and will deliver regular clinical oversight of all residents; particularly those with high levels of need.
  - Clinical staff undertake weekly Safe and Wellbeing calls to patients including those with PHB's and Complex Care Needs, and the Domiciliary Providers that support them. These wellbeing calls are RAG rated according to ongoing needs. Virtual MDTs take place when required as part of the D2A pathway.
- Response Teams:
  - A multiagency response is in place where outbreaks are identified led by the most appropriate team e.g. IPC, health protection, community, and quality teams for each place. Health protection, quality team and IPC teams have supported homes with outbreak management and with input from PHE.

13.0 RECOMMENDATION(s)

The Committee is requested to:
1) Receive and note the information provided in this report for assurance.
2) Discuss any aspects of concern and agree on action to be taken.

Sally Roberts
Chief Nursing Officer. Black Country & West Birmingham CCGs

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**Janet Herrod Sue Nichols Sara Bailey Sukhdip Parvez**	**20/7/20**
Public/ Patient View	**N/A**	
Finance Implications discussed with Finance Team	**N/A**	
Quality Implications discussed with Quality and Risk Team	**Sue Nichols Sara Bailey Sukhdip Parvez Tom Jinks**	**20/7/20**
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Governance Teams	**N/A**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**N/A**	
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	
Signed off by Report Owner (Must be completed)	**Sally Roberts**	

Working together for healthier futures

JOINT HEALTH COMMISSIONING BOARD

DATE OF MEETING: 11 August 2020
AGENDA ITEM: 4.1

TITLE OF REPORT:	Finance Report Month 3 (June) 2020/21
PURPOSE OF REPORT:	To update the Finance & Sustainability Committee on the month 3 (June) 2020/21 financial position.
AUTHOR(S) OF REPORT:	James Smith, Deputy Chief Finance Officer, NHS Dudley CCG David Hughes, Deputy Chief Finance Officer, NHS Sandwell & West Birmingham CCG Michelle Gordon, Deputy Chief Finance Officer, NHS Walsall CCG Lesley Sawrey, Deputy Chief Finance Officer, NHS Wolverhampton CCG Thomas Devonshire, STP Finance
MANAGEMENT LEAD/SIGNED OFF BY:	James Green, Chief Finance Officer
KEY POINTS:	• In-line with the 2020/21 operational planning timetable, the four Black Country & West Birmingham CCGs (BCWB CCG) submitted a draft financial plan to NHS England & NHS Improvement (NHSE/I) on 5th March 2020. • The draft financial plan submitted included a net surplus of £4.5m across the four CCGs. • However, with the need for the NHS to focus its efforts on the COVID-19 pandemic, NHSE/I issued a letter on 17th March 2020 confirming that the operational planning process had been stood down. • Guidance was received in May 2020 confirming a new temporary financial regime would be put in place for months 1 to 4 as a minimum with CCGs expected to break-even. • As at month 3 the four CCGs have reported an in-year year-to-date deficit of £18.487m at ledger close. This includes £9.327m of expenditure directly related to the COVID-19 response incurred in month 3, which has yet to be reimbursed, but is expected in month 4 as an allocation adjustment. COVID-19 expenditure to month 2 totalling £9.133m was reimbursed in month 3. • This leaves a balance of £9.159m for non-COVID-19 expenditure that is over-and-above the allocation provided by NHSE/I, which the CCGs are also expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment per the guidance issued in May 2020. At the date of this report this has not yet been confirmed by NHSE/I.
RECOMMENDATION:	The Finance & Sustainability Committee is asked to review and note the month 3 (June) 2020/21 reported position.
CONFLICTS OF INTEREST:	None identified
LINKS TO CORPORATE OBJECTIVES:	Maintain financial sustainability.

ACTION REQUIRED:	☐ For Information
Possible implications identified in the paper:	
Financial	Under the temporary financial regime covering April to July 2020 inclusive, it is expected that CCGs will break-even and be reimbursed for any additional expenditure over-and-above the prospective allocations calculated by NHS England & NHS Improvement. At the date this report was written, confirmation of the retrospective allocations to bring the month 3 year-to-date position to break-even had not yet been received. The CCGs are awaiting guidance relating to months 5 to 12 and are unable to provide an accurate forecast position for the full year at this point.
Risk Assurance Framework	Financial risks are incorporated into the CCGs' risk registers.
Policy and Legal Obligations	The CCGs have a range of key statutory duties relating to finance, which they are legally responsible for delivering. The main duties include ensuring administration, programme and capital expenditure do not exceed the amounts specified in directions. The CCGs are unable to confirm whether or not month 3 year-to-date and/or month 4 forecast will exceed the allocations until confirmation is received from NHS England & NHS Improvement as to whether or not the full amount of additional expenditure reported will be offset by an additional retrospective allocation adjustment.
Equality & Diversity	There are no direct equality and diversity implications contained within, or impacted by, this report. However, Equality Impact Assessments are completed for individual efficiency schemes and other workstreams that have an impact on the CCGs' financial positions.
Governance	No specific governance implications identified.

1.0 INTRODUCTION

1.1 In-line with the 2020/21 operational planning timetable, the four Black Country & West Birmingham CCGs (BCWB CCG) submitted a draft financial plan to NHS England & NHS Improvement (NHSE/I) on 5th March 2020.

1.2 The draft financial plan submitted included a net surplus of £4.5m across the four CCGs, reduced from the £26.7m surplus included in the Long Term Plan submission made in January 2020, reflecting the majority of the contract gap between in-system CCGs and providers. In order to achieve a surplus of £4.5m and meet the NHS Commissioner Business Rules and other planning requirements, such as holding a 0.5% contingency and increasing the investment into mental health services at 1.7% over-and-above programme allocation growth, the CCGs included an efficiency requirement of £111.1m with £34.8m of this unidentified.

1.3 However, with the need for the NHS to focus its efforts on the COVID-19 pandemic, NHSE/I issued a letter on 17th March 2020 confirming that the operational planning process had been stood down, including the Payment by Results (PbR) process being suspended until the end of July at the earliest. It was made clear that the revised financial regime and service changes in response to COVID-19 would have an impact on individual CCG financial positions and affordability of positions against allocations.

1.4 Following this announcement, NHSE/I released updated guidance on 14th May 2020 regarding 2020/21 budget setting and planning and confirmed that during months 1 to 4 (April to July) 2020, it was expected that CCGs were to break-even on an in-year basis and to achieve this CCG allocations will be non-recurrently adjusted by NHSE/I to reflect actual levels of expenditure.

1.5 The BCWB CCGs received a non-recurrent prospective adjustment to allocation to reflect the expected monthly expenditure based on the month 11 (February) 2019/20 year-to-date position reported by each CCG, adjusted for the:

- impacts of the block contracting arrangements with NHS Trusts and Foundation Trusts;
- national contracting of acute services from independent sector;
- suspension of non-contract activity invoicing; and
- range of growth assumptions for non-NHS expenditure as determined by NHSE/I.

1.6 Actual expenditure is being reviewed by NHSE/I on a monthly basis and a retrospective non-recurrent adjustment is expected to cover reasonable variances between actual expenditure and the expected monthly expenditure (i.e. the CCGs will then report a break-even year-to-date positon).

1.7 Guidance relating to budget setting and financial reporting for months 5 to 12 is due to be issued during July 2020 and until this is received the CCGs are only required to report a forecast position to the end of month 4.

2.0 SUMMARY FINANCIAL POSITION AT MONTH 3 (JUNE) 2020/21

2.1 As at month 3 the four CCGs have reported an in-year year-to-date deficit of £18.487m at ledger close. This includes £9.327m of expenditure directly related to the COVID-19 response incurred in month 3 not yet reimbursed. Excluding COVID-19 expenditure shows an in-year year-to-date deficit of £9.159m.

2.2 The four CCGs have reported an in-year forecast deficit to month 4 of £24.557m. This includes £11.367m of expenditure directly related to the COVID-19 response incurred in month 3 and forecast in month 4 not yet reimbursed. Excluding COVID-19 expenditure shows an in-year forecast to month 4 deficit of £13.190m.

2.3 During month 3 NHSE/I processed a retrospective allocation, which fully reimbursed the COVID-19 expenditure incurred in months 1 to 2. An adjustment was also made to clawback the SWB CCG underspend reported month 2 year-to-date.

2.4 The CCGs await confirmation from NHSE/I that a retrospective allocation totalling £18.487m will be processed in month 4 for the following:

- Overspends reported at month 2 across NHS Dudley CCG (£3.175m), NHS Walsall CCG (£1.679m) and NHS Wolverhampton CCG (£517k) totalling £5.371m will be reimbursed, which had been expected in month 3;
- COVID-19 expenditure incurred in month 3 of £9.327m will be reimbursed in month 4;
- Overspends reported in-month for month 3 across NHS Dudley CCG (£272k), NHS Walsall CCG (£3.344m) and NHS Wolverhampton CCG (£1.293m) and the underspend at NHS Sandwell & West Birmingham CCG (£1.122m) totalling £3.788m net will be reimbursed in month 4.

2.5 Therefore, there is currently a risk that all four CCGS will not be able to report a break-even position until confirmation is received.

2.6 The financial position reported at month 3 is summarised in the following table.

Table: Summary Financial Position for BCWB CCGs in Total

	Year-to-date			Forecast to Month 4		
Area of Spend	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Revenue Resource Limit						
Programme	525,036	525,036	-	697,665	697,665	-
Primary Care Co-Commissioning	51,897	51,897	-	69,196	69,196	-
Running Costs	6,109	6,109	-	8,146	8,146	-
Total In-year Revenue Resource Limit	583,042	583,042	-	775,007	775,007	-
Programme Expenditure						
Acute Services	291,926	284,751	7,175	388,500	379,221	9,279
Mental Health Services	64,426	67,391	(2,965)	85,650	89,671	(4,021)
Community Health Services	48,691	47,503	1,188	64,814	63,467	1,347
Continuing Care Services	26,109	32,152	(6,043)	34,410	41,706	(7,296)
Primary Care Services	70,661	75,542	(4,881)	94,151	101,193	(7,042)
Other Programme Services	22,854	33,449	(10,596)	29,771	43,520	(13,749)
Total Programme Expenditure	524,667	540,788	(16,120)	697,297	718,779	(21,482)
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	52,265	54,045	(1,779)	69,564	71,943	(2,379)
Running Costs Expenditure						
Running Costs	6,109	6,696	(587)	8,146	8,842	(696)
Total CCG Expenditure	583,042	601,529	(18,487)	775,007	799,564	(24,557)
In-year Surplus / (Deficit) Reported	0	(18,487)	(18,487)	-	(24,557)	(24,557)
Retrospective Allocations to be Confirmed						
COVID-19 Reimbursement	-	9,327	9,327	-	11,367	11,367
Additional Expenditure	-	9,159	9,159	-	13,190	13,190
In-year Surplus / (Deficit) to be Confirmed	0	(0)	(0)	-	(0)	(0)

2.7 See the attached report (appendix 1) for a breakdown of allocations, expenditure by area and by CCG.

2.8 The reported position for Acute, Mental Health and Community Services includes the block payments made to the NHS Trusts and Foundation Trusts as calculated and instructed by NHSE/I.

2.9 The Acute Services position is underspent by £7.161m year-to-date and £9.255m forecast to month 4 mainly due to the additional allocation received compared to the CCGs internal plan even after accounting for the suspension of Independent Sector, which NHSE/I is commissioning nationally, and NCA invoicing. This position includes COVID-19 expenditure not yet reimbursed of £644k year-to-date and £776k forecast to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date underspend of £7.805m and forecast to month 4 overspend of £10.030m.

2.10 The Mental Health Services position is overspent by £2.625m year-to-date and £3.339m forecast to month 4 mainly due to the allocation adjustment, additional complex care cases, additional learning disability packages of care and admissions and COVID-19 expenditure not yet reimbursed of £798k year-to-date and £1.140m forecast to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.827m and forecast to month 4 overspend of £2.199m.

2.11 Guidance for the Mental Health Investment Standard (MHIS) is expected to be received in July 2020. The CCGs are unable to confirm at this point whether the MHIS requirement will be met as allocations received to date do not cover this level of expenditure and the block payments instructed to be paid to mental health providers have been uplifted at 2.8%, which is lower than the MHIS uplift.

2.12 The Community Health Services position is overspent by £1.653m year-to-date and £1.531m forecast to month 4 mainly due to the allocation adjustment and COVID-19 expenditure not yet reimbursed of £274k year-to-date and £417k forecast to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.379m and forecast to month 4 overspend of £1.114m.

2.13 The Continuing Healthcare Services position is overspent by £5.564m year-to-date and £6.787m forecast to month 4 mainly due to the backdated 9.0% FNC uplift payment for 2019/20 confirmed during May 2020, which has been made as a one-off payment whereas the budgets are phased in a straight-line to match the NHSE/I allocation model and other new high cost packages of care and COVID-19 expenditure not yet reimbursed of £3.278m year-to-date and £4.152m forecast to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £2.285m and forecast to month 4 overspend of £2.635m.

2.14 The Primary Care Services position is overspent by £5.214m year-to-date and £7.437m forecast to month 4 mainly due to the impact of year-end under-accrual for prescribing that came about due to the increased prescriptions at the end of March 2020 as a result of the COVID-19 pandemic, prescribing and Category M in-year cost pressures as the CCGs were only given a 1.0% uplift by NHSE/I, - procurement benefits not yet being realised relating to Oxygen Services, and COVID-19 expenditure not yet reimbursed of £169k year-to-date and £292k forecast to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £5.046m and forecast to month 4 overspend of £7.144m.

2.15 The Other Programme Services position is overspent by £6.935m year-to-date and £9.651m forecast to month 4, mainly due to a balancing adjustment to the allocation set by NHSE/I, ICP transaction costs (£500k), NHS 111 overspends and COVID-19 expenditure not yet reimbursed of £3.897m year-to-date and £4.360m forecast to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £3.038m and forecast to month 4 overspend of £5.291m.

2.16 The Primary Care Co-Commissioning position is overspent by £1.779m year-to-date and £2.378m forecast to month 4 mainly due to the allocations being set at a lower level than the published allocations, which the CCGs believed they would need to spend in full, the Kinver practice moving from Staffordshire & Seisdon CCG to Dudley CCG on 1 April 2020, rent reviews being lower than expected at SWB CCG and COVID-19 expenditure not yet reimbursed of £76k year-to-date and £76k forecast to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.703m and forecast to month 4 overspend of £2.303m.

2.17 The Running Costs position is overspent by £576k year-to-date and £684k forecast to month 4, mainly due to allocations being set at a lower level than the previously published allocations, which the CCGs believed they would need to spend in full, slippage of savings plans due the change management process being delayed due to the COVID-19 response, and COVID-19 expenditure not yet reimbursed of £192k year-to-date and £191k forecast to month 4. Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £384k and forecast to month 4 overspend of £493k.

3.0 EFFICIENCIES

3.1 The draft financial plan submitted included a net surplus of £4.5m across the four CCGs, reduced from the £26.7m surplus included in the Long Term Plan submission made in January 2020, reflecting the majority of the contract gap between in-system CCGs and providers. In order to achieve a surplus of £4.5m and meet the NHS Commissioner Business Rules and other planning requirements, such as holding a 0.5% contingency and increasing the investment into mental health services at 1.7% over-and-above programme allocation growth, the CCGs included an efficiency requirement of £111.1m with £34.8m of this unidentified.

3.2 Due to the implementation of a temporary financial regime in response to the COVID-19 pandemic it will not be possible, certainly in the short-term, for the CCGs to implement and deliver the identified savings plans in the majority of instances. NHSE/I guidance states that the revised financial regime and service changes in response to COVID-19 will have an impact on individual CCG financial positions and affordability of positions against allocations and that the during the period 1st April 2020 to 31st July 2020, they expect CCGs to break-even on an in-year basis. In order to achieve this, actual expenditure will be reviewed on a monthly basis and a retrospective non-recurrent adjustment will be actioned for reasonable variances between actual expenditure and the expected monthly expenditure.

3.3 The CCGs await guidance for months 5-12, but for now, NHSE/I do not require the CCGs to report on the delivery of efficiency schemes.

4.0 RISK

4.1 NHSE/I has paused the collection of risks to the financial position and any potential mitigations to offset these whilst the NHS responds to the COVID-19 pandemic, which includes an expectation that CCGs will deliver a break-even position in months 1 to 4.

4.2 However, as reported in section 2, the CCGs are yet to receive confirmation that the net additional expenditure across the 4 CCGs compared to the prospective allocation will be received as a retrospective allocation, other than that the direct COVID-19 expenditure, which will be reimbursed. It is expected that it will be received and all four CCGs will report break-even, but until confirmation is received there is a risk that NHSE/I do not reimburse the full amount expected.

5.0 STATEMENT OF FINANCIAL POSITION

5.1 Other than NHS Walsall CCG, the other CCGs are reporting a cash balance within the 1.25% maximum target. The high cash balance at Walsall CCG is due to the CCG requisitioning cash to settle a dispute and raising a CHAPS payment to pay the recipient. However, NHSE/I did not approve the CHAPS so the payment did not get processed.

5.2 Overall the receivables balance has reduced from £12,722k at month 2 to £11,481k at month 3. £5.399m is more than a year overdue. This mainly relates to the ongoing disputes with Walsall Healthcare NHS Trust (£1.941m) and Walsall Council (£2.921m). The Walsall Council dispute has since been resolved following close of the ledger.

5.3 Overall the payables balance has reduced from £14,623k at month 2 to £6,832k at month 3.

6.0 BETTER PAYMENT PRACTICE CODE

6.1 CCGs are required to pay 95% or more of invoices, in number and in value, within the agreed terms of payment, or within 30 days, whichever is shorter.

6.2 Each CCG has met the Better Payment Practice Code (BPPC) in-month and year-to-date.

7.0 RECOMMENDATION

7.1 It is recommended that the Joint Health Commissioning Board:

- review and note the financial position reported at month 3 (June) 2020/21;
- note that the CCGs are awaiting confirmation from NHSE/I as to whether or not a retrospective allocation will be received that will effectively mean a break-even position will be reported for month 3; and
- note that financial reporting guidance for months 5 to 12 is due in July 2020 and an update will be provided to the Joint Health Commissioning Board, Finance & Sustainability Committee and Governing Body in Common once this has been received and reviewed.

James Green
Chief Finance Officer

APPENDICES

- Further detail regarding the financial position reported at month 3 is included within the attached report, including:

Page	Description
1	Executive Summary Dashboard
2	Summary Financial Performance
3	Summary Financial Performance - Variances to YTD and Forecast to Month 4 Plan by CCG
4	Allocations
5	Financial Performance - Acute Services
6	Financial Performance - Mental Health Services
7	Financial Performance - Community Health Services
8	Financial Performance - Continuing Healthcare Services
9	Financial Performance - Primary Care Services
10	Financial Performance - Primary Care Co-commissioning
11	Financial Performance - Other Programme Services
12	Financial Performance - Running Costs
13	Statement of Financial Position
14	Cash
15	Receivables
16	Payables
17	Better Payment Practice Code
Appx 1	Financial Position – Dudley CCG
Appx 2	Financial Position – Sandwell & West Birmingham CCG
Appx 3	Financial Position – Walsall CCG
Appx 4	Financial Position – Wolverhampton CCG

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**N/A**	
Public/ Patient View	**N/A**	
Finance Implications discussed with Finance Team	**James Green, James Smith, David Hughes, Michelle Gordon, Lesley Sawrey Tom Devonshire**	**21st July 2020**
Quality Implications discussed with Quality and Risk Team	**N/A**	
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	
Information Governance implications discussed with IG Support Officer	**N/A**	
Legal/ Policy implications discussed with Governance Teams	**N/A**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**N/A**	
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	
Signed off by Report Owner (Must be completed)	**James Green**	**22nd July 2020**

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Executive Summary Dashboard

Year-to-Date / Forecast to Month 4	DUD CCG		SWB CCG		WAL CCG		WOL CCG		BCWB CCGs	
	Target £000s / %	Actual £000s / %	Target £000s / %	Actual £000s / %	Target £000s / %	Actual £000s / %	Target £000s / %	Actual £000s / %	Target £000s / %	Actual £000s / %
Key Headline Figures										
In-year Surplus / (Deficit) - Year-to-date	0	(5,115)	-	(1,062)	-	(9,199)	-	(3,111)	0	(18,487)
In-year Surplus / (Deficit) - Forecast	-	(7,412)	-	(1,787)	-	(10,826)	-	(4,532)	-	(24,557)
Underlying In-year Surplus / (Deficit)										
Underlying Cumulative Surplus / (Deficit)										
Efficiency										
Net Risk / Mitigation										
Mental Health Investment Standard										
Cash Limit - Year-to-Date	< 1.25%	0.3%	< 1.25%	0.1%	< 1.25%	7.7%	< 1.25%	0.6%	< 1.25%	2.0%
Better Payment Practice - NHS - Number - Year-to-Date	≥ 95%	100.0%	≥ 95%	96.8%	≥ 95%	96.1%	≥ 95%	98.8%	≥ 95%	97.8%
Better Payment Practice - NHS - Value - Year-to-Date	≥ 95%	100.0%	≥ 95%	99.7%	≥ 95%	99.4%	≥ 95%	99.8%	≥ 95%	99.7%
Better Payment Practice - Non-NHS - Number - Year-to-Date	≥ 95%	100.0%	≥ 95%	98.4%	≥ 95%	99.1%	≥ 95%	98.5%	≥ 95%	98.9%
Better Payment Practice - Non-NHS - Value - Year-to-Date	≥ 95%	100.0%	≥ 95%	98.7%	≥ 95%	98.5%	≥ 95%	99.5%	≥ 95%	99.1%

RAG Rating	
Not achieving financial duty/target (and remedial action unlikely to result in achievement)	R
There is a risk that financial duty/target will not be achieved	A
Achieving financial duty/target	G

Key Messages

Against an allocation for month 3 year-to-date, for the four CCGs, expenditure is reported to be £601.529m, giving a deficit of £18.487m. However, this includes month 3 expenditure directly relating to COVID-19 totalling £9.327m, which is due to be reimbursed in month 4 by way of a retrospective allocation adjustment. This leaves a balance of £9.159m for non-COVID-19 expenditure that is over-and-above the allocation provided by NHSE/I, which the CCGs are also expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment per the guidance issued in May 2020. At the date of this report this has not yet been confirmed by NHSE/I.

The forecast deficit to month 4 is £24.557m. However, this includes forecast expenditure directly relating to COVID-19 not yet reimbursed totalling £11.367m, which leaves a balance of £13.190m, which the CCGs are expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment. It is likely this value will change each month and that NHSE/I will only adjust for actual expenditure reported in-month/year-to-date.

3 of the 4 CCGs have achieved the cash target at month 3. Walsall CCG was unable to achieve the target due to the CCG requisitioning cash to settle a dispute and raising a CHAPS payment to pay the recipient. However, NHSE/I did not approve the CHAPS so the payment did not get processed.

All four CCGs have achieved the BPPC target in-month and year-to-date for NHS and non-NHS invoices both in terms of volume and value.

Underlying position, efficiency, net risk and MHIS data is not being collected by NHSE/I during the new temporary financial regime months 1-4, but this may change for months 5-12 for which guidance is expected in July 2020.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Summary Financial Performance

Area of Spend	Year-to-date			Forecast to Month 4			Risk-adjusted Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Net (Risk) / Mitigation £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Revenue Resource Limit									
Programme	525,036	525,036	-	697,665	697,665	-			
Primary Care Co-Commissioning	51,897	51,897	-	69,196	69,196	-			
Running Costs	6,109	6,109	-	8,146	8,146	-			
Total In-year Revenue Resource Limit	583,042	583,042	-	775,007	775,007	-	-	-	-
Programme Expenditure									
Acute Services	291,926	284,751	7,175	388,500	379,221	9,279			
Mental Health Services	64,426	67,391	(2,965)	85,650	89,671	(4,021)			
Community Health Services	48,691	47,503	1,188	64,814	63,467	1,347			
Continuing Care Services	26,109	32,152	(6,043)	34,410	41,706	(7,296)			
Primary Care Services	70,661	75,542	(4,881)	94,151	101,193	(7,042)			
Other Programme Services	22,854	33,449	(10,596)	29,771	43,520	(13,749)			
Total Programme Expenditure	524,667	540,788	(16,120)	697,297	718,779	(21,482)	-	-	-
Primary Care Co-Commissioning Expenditure									
Primary Care Co-Commissioning	52,265	54,045	(1,779)	69,564	71,943	(2,379)			
Running Costs Expenditure									
Running Costs	6,109	6,696	(587)	8,146	8,842	(696)			
Total CCG Expenditure	583,042	601,529	(18,487)	775,007	799,564	(24,557)	-	-	-
In-year Surplus / (Deficit) Reported	0	(18,487)	(18,487)	-	(24,557)	(24,557)	-	-	-
Retrospective Allocations to be Confirmed									
COVID-19 Reimbursement	-	9,327	9,327	-	11,367	11,367			
Additional Expenditure	-	9,159	9,159	-	13,190	13,190			
In-year Surplus / (Deficit) to be Confirmed	0	(0)	(0)	-	(0)	(0)	-	-	-

Key Messages

A year-to-date deficit of £18.487m and forecast to month 4 deficit of £24.557m have been reported at month 3. However, this includes expenditure directly relating to COVID-19 that has yet to be reimbursed totalling £9.327m year-to-date and £11.367m forecast to month 4 that has yet to be reimbursed (i.e. net of the allocation received to reimburse month 1-2 expenditure incurred). This leaves a balance of £9.159m year-to-date and £13.190m forecast to month 4. The CCGs are expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment for the additional expenditure incurred (nb. SWB CCG is expecting to return the reported underspend) at month 3, per the guidance received in May 2020. At the date of this report this has not yet been confirmed by NHSE/I.

Total COVID-19 expenditure reported year-to-date at month 3 is £18.460m. During month 3 the CCGs were reimbursed for the month 1-2 COVID-19 expenditure of £9.133m, leaving a balance of £9.327m, which is expected to be received during month 4.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Summary Financial Performance - Variances to YTD and Forecast to Month 4 Plan by CCG

Area of Spend	Favourable / (Adverse) Variance to YTD and Forecast Plan (to Month 4)									
	DUD CCG		SWB CCG		WAL CCG		WOL CCG		BCWB CCGs	
	YTD £000s	FOT £000s	YTD £000s	FOT £000s	YTD £000s	FOT £000s	YTD £000s	FOT £000s	YTD £000s	FOT £000s
Revenue Resource Limit										
Total In-year Revenue Resource Limit	-	-	-	-	-	-	-	-	-	-
Programme Expenditure										
Acute Services	1,567	1,843	6,141	8,088	(394)	(389)	(138)	(263)	7,175	9,279
Mental Health Services	(1,430)	(1,977)	220	305	(1,130)	(1,252)	(625)	(1,096)	(2,965)	(4,021)
Community Health Services	514	645	801	1,017	202	185	(329)	(500)	1,188	1,347
Continuing Care Services	(1,339)	(2,314)	(1,608)	(1,912)	(2,118)	(2,013)	(978)	(1,058)	(6,043)	(7,296)
Primary Care Services	(1,877)	(2,591)	(638)	(892)	(1,532)	(2,402)	(834)	(1,158)	(4,881)	(7,042)
Other Programme Services	(1,786)	(2,169)	(5,483)	(7,607)	(3,501)	(4,007)	173	34	(10,596)	(13,749)
Total Programme Expenditure	(4,351)	(6,563)	(567)	(1,001)	(8,472)	(9,878)	(2,730)	(4,040)	(16,120)	(21,482)
Primary Care Co-Commissioning Expenditure										
Primary Care Co-Commissioning	(595)	(644)	(341)	(613)	(527)	(701)	(315)	(421)	(1,779)	(2,379)
Running Costs Expenditure										
Running Costs	(169)	(205)	(154)	(172)	(199)	(248)	(65)	(72)	(587)	(696)
Total CCG Expenditure	(5,115)	(7,412)	(1,062)	(1,787)	(9,199)	(10,826)	(3,111)	(4,532)	(18,487)	(24,557)
In-year Surplus / (Deficit)	(5,115)	(7,412)	(1,062)	(1,787)	(9,199)	(10,826)	(3,111)	(4,532)	(18,487)	(24,557)
Retrospective Allocations to be Confirmed										
COVID-19 Reimbursement	1,668	2,563	2,184	2,553	4,175	4,247	1,301	2,004	9,327	11,367
Additional Expenditure	3,448	4,849	(1,122)	(766)	5,023	6,580	1,810	2,528	9,159	13,190
In-year Surplus / (Deficit) to be Confirmed	(0)	-	(0)	(0)	-	-	-	-	(0)	(0)

Key Messages

A year-to-date deficit of £18.487m and forecast to month 4 deficit of £24.557m have been reported at month 3. However, this includes expenditure directly relating to COVID-19 totalling £9.327m year-to-date and £11.367m forecast to month 4 that has yet to be reimbursed (i.e. net of the allocation received to reimburse month 1-2 expenditure incurred). This leaves a balance of £9.159m year-to-date and £13.190m forecast to month 4. The CCGs are expecting to be reimbursed by NHSE/I by way of issuing a retrospective allocation adjustment for the additional expenditure incurred (nb. SWB CCG is expecting to return the reported underspend), per the guidance received in May 2020. At the date of this report this has not yet been confirmed by NHSE/I.

Primary Care Co-Commissioning and Running Cost prospective allocations received for months 1-4 are lower than the previously published allocations, hence the overspends reported against these areas. Guidance is expected around the Mental Health Investment Service (MHIS) target, so expenditure reported is not currently reflective of the original planning requirement to spend an additional 1.7% + programme allocation growth compared to 2019/20 outturn. Continuing care expenditure is higher than the allocation provided as an allocation adjustment for the backdated FNC uplift (9%) has yet to be received. COVID-19 expenditure is the other main reason for the overspends reported. Underspends against Acute is mainly due to the balance to NHSE/I prospective allocation and the suspension of Independent Sector commissioning and NCA invoicing.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Allocations

Description	Programme			Delegated			Running Costs			Total		
	Recurrent £000s	Non-recurrent £000s	Total £000s	Recurrent £000s	Non-recurrent £000s	Total £000s	Recurrent £000s	Non-recurrent £000s	Total £000s	Recurrent £000s	Non-recurrent £000s	Total £000s
Total Allocations at Month 2	2,077,611	(1,387,093)	690,518	213,156	(143,960)	69,196	26,294	(18,148)	8,146	2,317,061	(1,549,201)	767,860
Allocations Received in Month 3:												
Retrospective Adj. for COVID-19 Expenditure Month 1-2 (DUD)	-	2,998	2,998	-	-	-	-	-	-	-	2,998	2,998
Retrospective Adj. for COVID-19 Expenditure Month 1-2 (SWB)	-	1,616	1,616	-	-	-	-	-	-	-	1,616	1,616
Retrospective Adj. for COVID-19 Expenditure Month 1-2 (WAL)	-	2,405	2,405	-	-	-	-	-	-	-	2,405	2,405
Retrospective Adj. for COVID-19 Expenditure Month 1-2 (WOL)	-	2,114	2,114	-	-	-	-	-	-	-	2,114	2,114
Retrospective Adj. for Underspend Month 1-2 (SWB)	-	(1,986)	(1,986)	-	-	-	-	-	-	-	(1,986)	(1,986)
Sub-total Allocations Received in Month 3	-	7,147	7,147	-	-	-	-	-	-	-	7,147	7,147
Total Allocations at Month 3	2,077,611	(1,379,946)	697,665	213,156	(143,960)	69,196	26,294	(18,148)	8,146	2,317,061	(1,542,054)	775,007

Summary by CCG	DUD CCG			SWB CCG			WAL CCG			WOL CCG			BCWB CCGs		
	M2 YTD	M3	Total YTD	M2 YTD	M3	Total YTD	M2 YTD	M3	Total YTD	M2 YTD	M3	Total YTD	M2 YTD	M3	Total YTD
Recurrent															
Programme	471,333	-	471,333	776,534	-	776,534	429,052	-	429,052	400,692	-	400,692	2,077,611	-	2,077,611
Delegated	44,566	-	44,566	85,397	-	85,397	43,172	-	43,172	40,021	-	40,021	213,156	-	213,156
Running Costs	5,946	-	5,946	10,122	-	10,122	5,361	-	5,361	4,865	-	4,865	26,294	-	26,294
Total Recurrent	521,845	-	521,845	872,053	-	872,053	477,585	-	477,585	445,578	-	445,578	2,317,061	-	2,317,061
Non-recurrent															
Programme	(312,202)	2,998	(309,204)	(519,324)	(370)	(519,694)	(289,816)	2,405	(287,411)	(265,751)	2,114	(263,637)	(1,387,093)	7,147	(1,379,946)
Delegated	(29,922)	-	(29,922)	(57,411)	-	(57,411)	(29,408)	-	(29,408)	(27,219)	-	(27,219)	(143,960)	-	(143,960)
Running Costs	(4,152)	-	(4,152)	(6,890)	-	(6,890)	(3,806)	-	(3,806)	(3,300)	-	(3,300)	(18,148)	-	(18,148)
Total Non-recurrent	(346,276)	2,998	(343,278)	(583,625)	(370)	(583,995)	(323,030)	2,405	(320,625)	(296,270)	2,114	(294,156)	(1,549,201)	7,147	(1,542,054)
Total															
Programme	159,131	2,998	162,129	257,210	(370)	256,840	139,236	2,405	141,641	134,941	2,114	137,055	690,518	7,147	697,665
Delegated	14,644	-	14,644	27,986	-	27,986	13,764	-	13,764	12,802	-	12,802	69,196	-	69,196
Running Costs	1,794	-	1,794	3,232	-	3,232	1,555	-	1,555	1,565	-	1,565	8,146	-	8,146
Grand Total	175,569	2,998	178,567	288,428	(370)	288,058	154,555	2,405	156,960	149,308	2,114	151,422	767,860	7,147	775,007

Key Messages

During the period 1 April to 31 July 2020, NHSE/I expect CCGs to break-even on an in-year basis and to achieve this the CCG allocations have been non-recurrently adjusted for months 1-4 to reflect the NHSE/I modelled expected expenditure based on:
- Block contracting arrangements with NHS Trusts and Foundation Trusts;
- National contracting of acute services from independent sector;
- Month 11 YTD 2019/20 expenditure prorated on a straight-line basis for a full year effect plus NHSE/I growth assumptions for non-NHS expenditure.

The NHSE/I allocation and expenditure model has been reviewed for all four CCGs and it is apparent that the month 1-4 allocations do not relfect the published allocations for Delegated Commissioning and Running Costs, nor reflect the Mental Health Investment Standard. Further guidance for months 5-12 is due July 2020. The BCWB CCGs set initial budgets for the four-month period, which agreed to the non-recurrently adjusted allocation position, as requested by NHSE/I.

The four CCGs have received a prospective allocation for months 1-3 totalling £575.895m. During month 3 a retrospective allocation adjustment was processed in order to reimburse the four CCGs for months 1-2 COVID-19 expenbditure (£9.133m) and to claw back the underspend reported at month 2 by SWB CCG (£1.986m).The other three CCGs have yet to receive a retrospective non-recurrent adjustment for the variances between actual expenditure and the expected monthly expenditure reported at month 2. This gives a revised allocation for months 1-3 of of £583.042m and a revised allocation for months 1-4 of £775.007m.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Financial Performance - Acute Services

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Acute Services								
Sandwell and West Birmingham Hospitals NHS-T	67,712	67,712	0	0.0%	90,282	90,282	(0)	(0.0%)
The Dudley Group NHS-FT	66,336	67,913	(1,577)	(2.4%)	88,448	90,550	(2,102)	(2.4%)
The Royal Wolverhampton NHS-T	58,552	58,563	(11)	(0.0%)	78,068	78,083	(15)	(0.0%)
Walsall Healthcare NHS-T	41,201	41,883	(682)	(1.7%)	54,934	55,611	(676)	(1.2%)
West Midlands Ambulance Service NHS-FT	14,524	14,302	221	1.5%	19,365	19,058	307	1.6%
Other NHS Providers	28,240	27,942	298	1.1%	37,653	37,256	397	1.1%
BMI	465	(35)	499	107.5%	620	(19)	638	103.0%
Nuffield	632	(16)	648	102.5%	842	(16)	858	101.9%
Ramsay	2,646	(148)	2,794	105.6%	3,527	93	3,434	97.4%
Spire Healthcare	102	(182)	284	278.7%	136	(182)	318	234.1%
Other Independent Sector Providers	1,685	1,395	290	17.2%	2,246	1,914	332	14.8%
Non-contract Activity	5,597	(94)	5,690	101.7%	7,462	3	7,458	100.0%
Other Acute Expenditure	3,289	4,583	(1,294)	(39.3%)	3,713	5,408	(1,695)	(45.7%)
Total Acute Services	290,980	283,819	7,161	2.5%	387,297	378,043	9,255	2.4%

Key Messages

The Acute Services position is underspent by £7.161m year-to-date and £9.255m forecast to month 4 mainly due to:

- recharge to NHS Birmingham & Solihull CCG relating to a charge received by SWB CCG that is for patients at a practice that has moved to BSOL CCG;
- prior year benefit against Independent Sector and NCAs;
- the temporary suspension of Independent Sector payments, which NHSE/I is commissioning nationally
- NCA invoicing being covered by the COVID-19 block payment arrangement.

The underspends are being partially offset by:

- overspend against The Dudley Group NHS-FT is offset by underspends across other programme areas;
- the non-delivery of efficiency schemes; and
- COVID-19 expenditure not yet reimbursed of £644k year-to-date and £776k forecast to month 4.

Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date underspend of £7.805m and forecast to month 4 overspend of £10.030m.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Financial Performance - Mental Health Services

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Mental Health Services								
Black Country Healthcare NHS-FT - MH	32,086	33,464	(1,378)	(4.3%)	42,781	44,611	(1,830)	(4.3%)
Black Country Healthcare NHS-FT - LD	4,229	4,275	(46)	(1.1%)	5,639	5,699	(60)	(1.1%)
Black Country Healthcare NHS-FT - IAPT	1,205	1,205	0	0.0%	1,606	1,606	0	0.0%
Other NHS Providers	12,894	12,069	825	6.4%	17,193	15,959	1,234	7.2%
Independent Sector Providers	3,115	2,888	227	7.3%	4,153	3,958	195	4.7%
Complex Cases	3,150	3,925	(775)	(24.6%)	4,200	4,999	(799)	(19.0%)
Non-contract Activity	1,279	412	867	67.8%	1,704	696	1,008	59.1%
Other Mental Health & LD Expenditure	5,748	8,093	(2,345)	(40.8%)	7,653	10,739	(3,086)	(40.3%)
Total Mental Health Services	63,705	66,330	(2,625)	(4.1%)	84,929	88,268	(3,339)	(3.9%)

Key Messages

The Mental Health Services position is overspent by £2.625m year-to-date and £3.339m forecast to month 4 mainly due to:
- additional complex care cases;
- 5 additional admissions to a LD provider for Dudley CCG;
- additional LD packages at SWB CCG;
- the understated baseline and growth in the NHSE/I model; and
- COVID-19 expenditure not yet reimbursed of £798k year-to-date and £1.140m forecast to month 4.

Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.827m and forecast to month 4 overspend of £2.199m.

Guidance for the Mental Health Investment Standard (MHIS) is expected to be received in July 2020. The CCGs are unable to confirm at this point whether the MHIS requirement will be met as allocations received to date do not cover this level of expenditure and the block payments instructed to be paid to mental health providers have been uplifted at 2.8%, which is lower than the MHIS uplift.

Financial Performance - Community Health Services

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Community Health Services								
Black Country Healthcare NHS-FT	6,704	6,163	541	8.1%	8,939	8,220	719	8.0%
Sandwell and West Birmingham Hospitals NHS-T	8,155	8,153	2	0.0%	10,873	10,870	3	0.0%
The Dudley Group NHS-FT	6,893	6,896	(3)	(0.0%)	9,190	9,191	(1)	(0.0%)
The Royal Wolverhampton NHS-T	10,056	9,991	65	0.7%	13,408	13,341	67	0.5%
Walsall Healthcare NHS-T	7,982	7,824	158	2.0%	10,642	10,419	224	2.1%
Other NHS Providers	719	349	369	51.4%	957	461	497	51.9%
Independent Sector Providers	1,205	1,227	(22)	(1.8%)	1,607	1,676	(69)	(4.3%)
Hospices	1,191	1,266	(75)	(6.3%)	1,564	1,693	(129)	(8.3%)
Intermediate Care	2,022	2,059	(37)	(1.8%)	2,696	2,705	(9)	(0.3%)
Non-contract Activity	-	-	-	-	-	-	-	-
Other Community Expenditure	5,946	8,598	(2,652)	(44.6%)	7,930	10,761	(2,831)	(35.7%)
Total Community Health Services	50,873	52,525	(1,653)	(3.2%)	67,806	69,336	(1,531)	(2.3%)

Key Messages

The Community Health Services position is overspent by £1.653m year-to-date and £1.531m forecast to month 4 mainly due to:

- £0.5m expenditure at BCH sitting within Acute whereas the budget is in Community for Dudley CCG, due to the budgets being coded to match the NHSE/I month 1-4 model;
- shortfall due to the NHSE/I model assumed growth and baseline;
- £0.1m of overspend for Wolverhampton CCG relating to the new Community Dermatology contract, which was to be part-funded from the CCG's original RWT budget, which has since been overrided by the COVID-19 block payment arrangement, which means the CCG cannot release the budget from RWT to cover this;
- COVID-19 expenditure not yet reimbursed of £274k year-to-date and £417k forecast to month 4.

Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.379m and forecast to month 4 overspend of £1.114m.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Financial Performance - Continuing Healthcare Services

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Continuing Healthcare Services								
Continuing Healthcare - Adult Fully Funded	14,297	16,835	(2,538)	(17.8%)	18,850	22,241	(3,391)	(18.0%)
Continuing Healthcare - Adult Fully Funded - PHB	2,460	2,900	(440)	(17.9%)	3,278	3,845	(567)	(17.3%)
Continuing Healthcare - Adult Joint Funded	158	1,005	(846)	(535.2%)	211	1,321	(1,110)	(526.4%)
Continuing Healthcare - Adult Joint Funded - PHB	875	875	-	-	1,167	1,167	-	-
Continuing Healthcare - Children's	848	970	(122)	(14.4%)	1,130	1,281	(151)	(13.4%)
Continuing Healthcare - Children's - PHB	132	139	(6)	(4.7%)	176	187	(11)	(6.2%)
Funded Nursing Care	5,582	7,181	(1,599)	(28.6%)	7,443	8,986	(1,543)	(20.7%)
Continuing Care Assessment & Support	1,196	1,208	(12)	(1.0%)	1,594	1,609	(15)	(0.9%)
Total Continuing Healthcare Services	25,549	31,113	(5,564)	(21.8%)	33,849	40,637	(6,787)	(20.1%)

Key Messages

The Continuing Healthcare Services position is overspent by £5.564m year-to-date and £6.787m forecast to month 4 mainly due to:

- the backdated 9.0% FNC uplift payment for 2019/20 confirmed during May 2020. Whilst the NHSE/I allocation model included an adjustment for the 2019/20 FNC rate settlement (9.0%) and the 2.0% additional price growth in 2020/21, the 2019/20 backdated payment is a one-off whereas the budgets are phased in a straight-line to match the NHSE/I allocation model. This causes a run-rate difference when comparing month 4 forecast to month 3 year-to-date;
- high cost packages of care for a child at SWB CCG;
- other new expensive CHC placements and complex packages of care above the growth levels applied by NHSE/I; and
- COVID-19 expenditure not yet reimbursed of £3.278m year-to-date and £4.152m forecast to month 4.

Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £2.285m and forecast to month 4 overspend of £2.635m.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Financial Performance - Primary Care Services

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Primary Care Services								
Central Drugs	21,040	22,303	(1,264)	(6.0%)	28,052	29,740	(1,688)	(6.0%)
Oxygen	12,660	14,120	(1,461)	(11.5%)	16,880	19,089	(2,209)	(13.1%)
Prescribing	25,555	28,091	(2,536)	(9.9%)	34,075	37,558	(3,483)	(10.2%)
Medicines Management Clinical Team	816	844	(28)	(3.4%)	1,087	1,114	(27)	(2.5%)
Other	-	-	-	-	-	-	-	-
Sub-total Drugs and GP Prescribing	60,070	65,358	(5,288)	(8.8%)	80,094	87,501	(7,407)	(9.2%)
GP IT	1,354	1,319	36	2.6%	1,806	1,849	(43)	(2.4%)
GP Forward View	2,700	2,668	33	1.2%	3,600	3,564	36	1.0%
Primary Care Network	222	220	2	1.0%	297	297	(0)	(0.1%)
Enhanced Services	2,063	2,073	(10)	(0.5%)	2,751	2,805	(54)	(2.0%)
Out of Hours	1,382	1,307	75	5.4%	1,842	1,743	100	5.4%
Other Primary Care	2,268	2,330	(62)	(2.7%)	3,024	3,093	(69)	(2.3%)
Sub-total Other Primary Care Services	9,990	9,916	74	0.7%	13,320	13,350	(30)	(0.2%)
Total Primary Care Services	70,061	75,275	(5,214)	(7.4%)	93,414	100,851	(7,437)	(8.0%)

Key Messages

The Primary Care Services position is overspent by £5.214m year-to-date and £7.437m forecast to month 4 mainly due to:

- impact of year-end under-accrual for prescribing that came about due to the increased prescriptions at the end of March 2020 as a result of the COVID-19 pandemic, which the CCGs were unable to quantify accurately at year-end as there is a 6-week lag in reporting of prescribing expenditure. NHSE/I informed the CCGs that their view was no material additional expenditure would be incurred as GPs had been instructed to avoid allowing patients to stockpile prescriptions and there was more limited access to pharmacies.
- prescribing and Category M in-year cost pressures as the CCGs were only given a 1.0% uplift by NHSE/I;
- procurement benefits not yet being realised relating to Oxygen; and
- COVID-19 expenditure not yet reimbursed of £169k year-to-date and £292k forecast to month 4.

Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £5.046m and forecast to month 4 overspend of £7.144m.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Financial Performance - Primary Care Co-commissioning

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Primary Care Co-commissioning								
General Practice - GMS	39,662	35,162	4,499	11.3%	52,881	47,971	4,910	9.3%
General Practice - PMS	365	1,148	(783)	(214.6%)	487	1,537	(1,050)	(215.4%)
Other List-Based Services (APMS incl.)	1,627	2,617	(990)	(60.9%)	2,169	2,504	(335)	(15.4%)
Premises cost reimbursements	4,578	5,634	(1,056)	(23.1%)	6,104	7,512	(1,408)	(23.1%)
Primary Care NHS Property Services Costs - GP	657	662	(5)	(0.8%)	876	876	(0)	(0.0%)
Other premises costs	20	(138)	158	784.2%	26	(179)	205	781.5%
Enhanced services	3,715	4,067	(351)	(9.5%)	4,954	5,421	(467)	(9.4%)
QOF	2,836	3,625	(789)	(27.8%)	3,782	4,856	(1,074)	(28.4%)
Other - GP Services	(1,250)	1,268	(2,518)	201.4%	(1,789)	1,445	(3,234)	180.8%
Delegated Contingency	56	-	56	100.0%	74	-	74	100.0%
Total Primary Care Co-commissioning	52,266	54,045	(1,779)	(3.4%)	69,565	71,943	(2,378)	(3.4%)

Page 59

Key Messages

The Primary Care Co-Commissioning position is overspent by £1.779m year-to-date and £2.378m forecast to month 4 mainly due to:
- the allocations being set at a lower level than the published allocations, which the CCGs believed they would need to spend in full;
- the Kinver practice moving from Staffordshire & Seisdon CCG to Dudley CCG on 1 April 2020;
- rent reviews being lower than expected at SWB CCG; and
- COVID-19 expenditure not yet reimbursed of £76k year-to-date and £76k forecast to month 4.

Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £1.703m and forecast to month 4 overspend of £2.303m.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Financial Performance - Other Programme Services

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Other Programme Services								
MSMG	359	329	30	8.4%	479	439	40	8.4%
NEPTS	1,650	1,671	(21)	(1.3%)	2,200	2,221	(21)	(1.0%)
NHS Property Services and CHP Charges	1,796	2,843	(1,047)	(58.3%)	2,394	3,719	(1,324)	(55.3%)
Reablement	3,384	4,143	(759)	(22.4%)	4,279	5,002	(724)	(16.9%)
Better Care Fund	7,761	7,761	(0)	(0.0%)	10,348	10,348	(0)	(0.0%)
Vanguard - MCP	-	-	-	-	-	-	-	-
Safeguarding	677	634	43	6.3%	903	854	49	5.4%
Other Expenditure	5,729	7,682	(1,953)	(34.1%)	7,637	10,060	(2,423)	(31.7%)
Reserves	(543)	3,259	(3,801)	700.5%	(1,118)	4,895	(6,012)	538.0%
Contingency 0.5%	574	-	574	100.0%	765	-	765	100.0%
Total Other Programme Services	21,387	28,322	(6,935)	(32.4%)	27,887	37,538	(9,651)	(34.6%)

Key Messages

The Other Programme Services position is overspent by £6.935m year-to-date and £9.651m forecast to month 4, mainly due to:
- a balancing adjustment to the allocation set by NHSE/I;
- ICP transaction costs (£500k);
- NHS 111 overspends; and
- COVID-19 expenditure not yet reimbursed of £3.897m year-to-date and £4.360m forecast to month 4.

Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £3.038m and forecast to month 4 overspend of £5.291m.

A 0.5% contingency is usually held within Other Programme Services in-line with planning requirements, however, this is not required by NHSE/I during the temporary financial regime.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Financial Performance - Running Costs

	Year-to-date				Forecast to Month 4			
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s	Fav / (Adv) Variance %
Running Costs								
Pay	4,659	4,905	(246)	(5.3%)	6,212	6,372	(160)	(2.6%)
CSU Re-charge	567	511	56	9.9%	755	687	68	9.0%
NHS Property Services and CHP Charges	262	314	(52)	(19.7%)	345	418	(72)	(21.0%)
Other Non-pay	622	957	(335)	(53.9%)	834	1,354	(519)	(62.3%)
Total Running Costs	6,110	6,686	(576)	(9.4%)	8,147	8,831	(684)	(8.4%)

Key Messages

The Running Costs position is overspent by £576k year-to-date and £684k forecast to month 4, mainly due to:

- allocations being set at a lower level than the previously published allocations, which the CCGs believed they would need to spend in full, as submitted in the 5th March 2020 draft financial plans;
- slippage of savings plans due the change management process being delayed due to the COVID-19 response; and
- COVID-19 expenditure not yet reimbursed of £192k year-to-date and £191k forecast to month 4.

Excluding COVID-19 expenditure not yet reimbursed gives a year-to-date overspend of £384k and forecast to month 4 overspend of £493k.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Statement of Financial Position

	DUD CCG			SWB CCG			WAL CCG			WOL CCG			BCWB CCGs		
	Current Month £000s	Prior Month £000s	2019/20 £000s	Current Month £000s	Prior Month £000s	2019/20 £000s	Current Month £000s	Prior Month £000s	2019/20 £000s	Current Month £000s	Prior Month £000s	2019/20 £000s	Current Month £000s	Prior Month £000s	2019/20 £000s
Non-current Assets															
Property, Plant & Equipment	-	-	-	-	-	-	327	360	359	-	-	-	327	360	359
Trade and Other Receivables	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Non-current Assets	-	-	-	-	-	-	327	360	359	-	-	-	327	360	359
Current Assets															
Inventories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Trade and Other Receivables	3,342	3,560	4,782	53,622	54,497	7,721	36,605	37,752	12,380	31,208	26,239	2,910	124,777	122,048	27,793
Other Financial Assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Current Assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash and Cash Equivalents	(21)	6,266	16	52	18	72	3,269	995	88	216	2,554	159	3,516	9,833	335
Total Current Assets	3,321	9,826	4,798	53,674	54,515	7,793	39,874	38,747	12,468	31,424	28,793	3,069	128,293	131,881	28,128
Non-current Assets Held for Sale	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Assets	3,321	9,826	4,798	53,674	54,515	7,793	40,201	39,107	12,827	31,424	28,793	3,069	128,620	132,241	28,487
Current Liabilities															
Trade and Other Payables	(5,495)	(5,408)	(33,422)	(52,167)	(52,353)	(56,629)	(49,969)	(46,128)	(51,122)	(47,248)	(43,510)	(51,329)	(154,879)	(147,399)	(192,502)
Other Payables	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Provisions	(543)	(543)	(549)	(13,030)	(13,047)	(13,447)	(14)	(14)	(14)	(568)	(571)	(571)	(14,155)	(14,175)	(14,581)
Borrowings	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Financial Liabilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Current Liabilities	(6,038)	(5,951)	(33,971)	(65,197)	(65,400)	(70,076)	(49,983)	(46,142)	(51,136)	(47,816)	(44,081)	(51,900)	(169,034)	(161,574)	(207,083)
Net Current Assets / (Liabilities)	(2,717)	3,875	(29,173)	(11,523)	(10,885)	(62,283)	(10,109)	(7,395)	(38,668)	(16,392)	(15,288)	(48,831)	(40,741)	(29,693)	(178,955)
Total Assets less Current Liabilities	(2,717)	3,875	(29,173)	(11,523)	(10,885)	(62,283)	(9,782)	(7,035)	(38,309)	(16,392)	(15,288)	(48,831)	(40,414)	(29,333)	(178,596)
Non-current Liabilities															
Trade and Other Payables	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Provisions	-	-	-	-	-	-	(106)	(106)	(106)	-	-	-	(106)	(106)	(106)
Borrowings	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Financial Liabilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Liabilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Non-current Liabilities	-	-	-	-	-	-	(106)	(106)	(106)	-	-	-	(106)	(106)	(106)
Assets less Liabilities	(2,717)	3,875	(29,173)	(11,523)	(10,885)	(62,283)	(9,888)	(7,141)	(38,415)	(16,392)	(15,288)	(48,831)	(40,520)	(29,439)	(178,702)
Finance by Taxpayers' Equity															
General Fund	(2,717)	3,875	(29,173)	(11,523)	(10,885)	(62,283)	(9,888)	(7,141)	(38,415)	(16,392)	(15,288)	(48,831)	(40,520)	(29,439)	(178,702)
Revaluation Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Donated Asset Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Government Grant Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Reserves	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Taxpayers' Equity	(2,717)	3,875	(29,173)	(11,523)	(10,885)	(62,283)	(9,888)	(7,141)	(38,415)	(16,392)	(15,288)	(48,831)	(40,520)	(29,439)	(178,702)

Key Messages
See next three pages for details regarding the cash balance against target and the overdue receivables and payables balances.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Cash

	Apr-20 £000s	May-20 £000s	Jun-20 £000s	Jul-20 £000s	Aug-20 £000s	Sep-20 £000s	Oct-20 £000s	Nov-20 £000s	Dec-20 £000s	Jan-21 £000s	Feb-21 £000s	Mar-21 £000s
NHS Dudley CCG												
Balance B/Fwd	74	4,127	7,007									
Total Inflows	80,384	48,259	39,147									
Total Cash Available	80,458	52,386	46,154	-	-	-	-	-	-	-	-	-
Total Outflows	(76,331)	(45,379)	(46,026)									
Balance C/Fwd	4,127	7,007	128	-	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	5.13%	13.38%	0.28%									
NHS Sandwell & West Birmingham CCG												
Balance B/Fwd	72	67	21									
Total Inflows	111,524	70,500	65,500									
Total Cash Available	111,596	70,567	65,521	-	-	-	-	-	-	-	-	-
Total Outflows	(111,529)	(70,546)	(65,469)									
Balance C/Fwd	67	21	52	-	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	0.06%	0.03%	0.08%									
NHS Walsall CCG												
Balance B/Fwd	97	319	1,001									
Total Inflows	73,327	43,273	44,565									
Total Cash Available	73,424	43,592	45,566	-	-	-	-	-	-	-	-	-
Total Outflows	(73,105)	(42,591)	(42,044)									
Balance C/Fwd	319	1,001	3,522	-	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	0.43%	2.30%	7.73%									
NHS Wolverhampton CCG												
Balance B/Fwd	166	1,573	2,554									
Total Inflows	36,900	41,200	34,750									
Total Cash Available	37,066	42,773	37,304	-	-	-	-	-	-	-	-	-
Total Outflows	(35,493)	(40,219)	(37,084)									
Balance C/Fwd	1,573	2,554	220	-	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	4.24%	5.97%	0.59%									
Black Country & West Birmingham CCGs												
Balance B/Fwd	409	6,086	10,583									
Total Inflows	302,135	203,232	183,962									
Total Cash Available	302,544	209,318	194,545	-	-	-	-	-	-	-	-	-
Total Outflows	(296,458)	(198,735)	(190,623)									
Balance C/Fwd	6,086	10,583	3,922	-	-	-	-	-	-	-	-	-
C/Fwd as % of B/Fwd+Drawdown	2.01%	5.06%	2.02%									

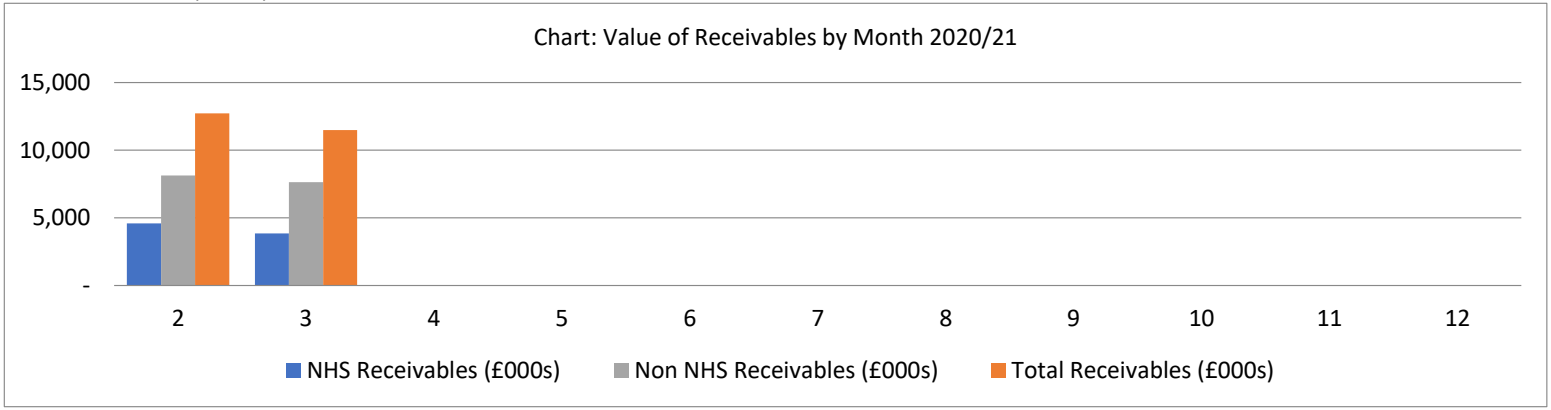
Key Messages

Across the 4 CCGs the closing cash balance is £3.922m, significantly reduced, as expected, from the £10.583m balance reported at month 2. The month 3 balance represents 2.02% of cash available and therefore the target closing cash balance maximum of 1.25% has not been met, due to the high balance at Walsall CCG. The high cash balance at Walsall CCG is due to the CCG requisitioning cash to settle a dispute and raising a CHAPS payment to pay the recipient. However, NHSE/I did not approve the CHAPS so the payment did not get processed. All NHS Trusts are being paid on a block arrangement and have received cash in time and at the value instructed by NHSE/I. Until the full month 5-12 guidance is received from NHSE/I the CCGs are unable to forecast cash flows to the end of the year.

Receivables

	Not Yet Due £000s	Overdue (Days) 0-30 £000s	31-60 £000s	61-90 £000s	91-120 £000s	121-180 £000s	181-360 £000s	Over 360 £000s	Sub-total £000s	Total £000s
NHS Dudley CCG										
NHS	-	30	-	65	32	-	-	-	127	127
Non-NHS	12	-	-	488	5	-	-	34	527	539
Total	12	30	-	553	37	-	-	34	654	666
NHS Sandwell & West Birmingham CCG										
NHS	-	188	348	741	3	11	25	1	1,317	1,317
Non-NHS	-	21	8	146	(27)	55	41	132	376	376
Total	-	209	356	887	(24)	66	66	133	1,693	1,693
NHS Walsall CCG										
NHS	12	-	27	30	5	-	-	1,941	2,003	2,015
Non-NHS	37	117	23	535	1,568	275	820	3,291	6,629	6,666
Total	49	117	50	565	1,573	275	820	5,232	8,632	8,681
NHS Wolverhampton CCG										
NHS	10	-	180	9	15	-	167	-	371	381
Non-NHS	46	2	-	4	3	5	0	-	14	60
Total	56	2	180	13	17	5	168	-	385	441
Black Country & West Birmingham CCGs										
NHS	22	218	555	845	55	11	192	1,942	3,818	3,840
Non-NHS	95	140	31	1,173	1,549	335	861	3,457	7,546	7,641
Total	117	358	586	2,018	1,603	346	1,054	5,399	11,364	11,481

Value of Invoices (£000s)



Key Messages

Overall the receivables balance has reduced from £12,722k at month 2 to £11,481k at month 3.

Notable overdue receivables:

Walsall CCG

Receivable invoices > 360 days relate to the ongoing disputes with Walsall Healthcare NHS Trust (£1,941k) and Walsall Council (£2,921k). The Walsall Council dispute has now been resolved.

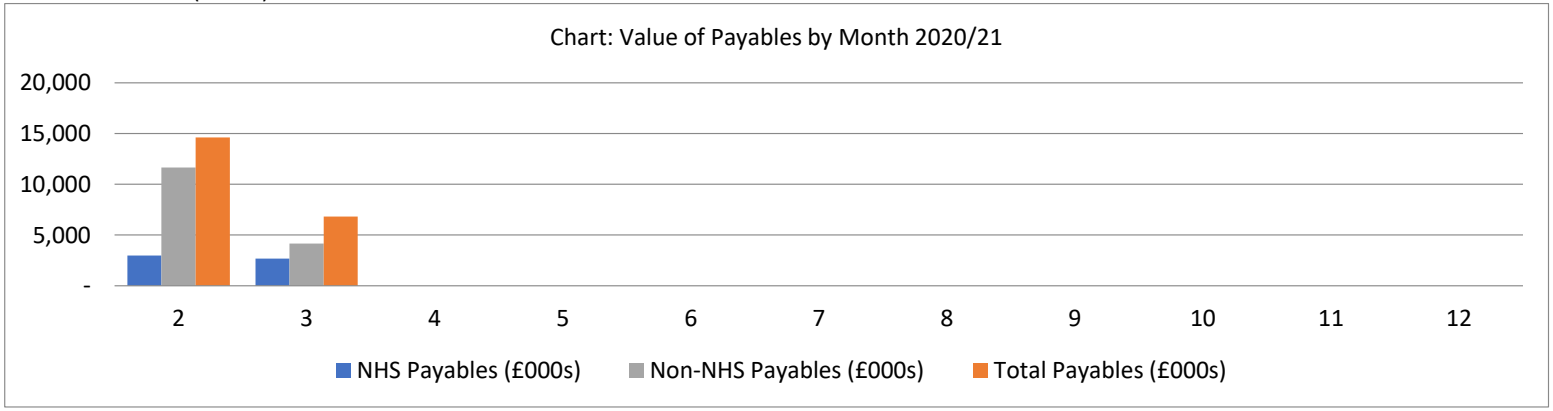
Wolverhampton CCG

The main reason for the overdue balance is due to two invoices recharged for a young person who was the responsibility of Walsall CCG paid in error by Wolverhampton CCG and one invoice for a Mental Health patient who is the responsibility of BSOL CCG, paid for by Wolverhampton CCG.

Payables

	Not Yet Due £000s	Overdue (Days) 0-30 £000s	31-60 £000s	61-90 £000s	91-120 £000s	121-180 £000s	181-360 £000s	Over 360 £000s	Sub-total £000s	Total £000s
NHS Dudley CCG										
NHS	65	15	22	(54)	-	7	-	-	(10)	55
Non-NHS	285	(117)	(4)	(4)	-	2	(20)	1	(142)	143
Total	350	(102)	18	(58)	-	9	(20)	1	(152)	198
NHS Sandwell & West Birmingham CCG										
NHS	331	(344)	41	715	(241)	(1)	-	3	173	504
Non-NHS	569	170	(96)	211	(74)	(97)	(11)	(25)	78	647
Total	900	(174)	(55)	926	(315)	(98)	(11)	(22)	251	1,151
NHS Walsall CCG										
NHS	133	-	481	-	406	-	-	509	1,396	1,529
Non-NHS	162	33	21	5	1	-	22	-	82	244
Total	295	33	502	5	407	-	22	509	1,478	1,773
NHS Wolverhampton CCG										
NHS	91	56	205	266	(83)	38	5	10	497	588
Non-NHS	1,194	612	440	437	203	32	192	12	1,928	3,122
Total	1,285	668	645	703	120	70	197	22	2,425	3,710
Black Country & West Birmingham CCGs										
NHS	620	(273)	749	927	82	44	5	522	2,056	2,676
Non-NHS	2,210	698	361	649	130	(63)	183	(12)	1,946	4,156
Total	2,830	425	1,110	1,576	212	(19)	188	510	4,002	6,832

Value of Invoices (£000s)



Key Messages

Overall the payables balance has reduced from £14,623k at month 2 to £6,832k at month 3.

Notable overdue payables:

Walsall CCG

Payables > 360 days relate to invoices in dispute with Walsall Healthcare NHS Trust.

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

Better Payment Practice Code

	NHS Payables Invoices			Non-NHS Payables Invoices			Total Payables Invoices		
	Paid	Paid Within Target	% Paid Within Target	Paid	Paid Within Target	% Paid Within Target	Paid	Paid Within Target	% Paid Within Target
NHS Dudley CCG									
Number (In-month)	119	119	100.00%	1,100	1,100	100.00%	1,219	1,219	100.00%
Value £000s (In-month)	28,952	28,952	100.00%	11,438	11,438	100.00%	40,390	40,390	100.00%
Number (YTD)	616	616	100.00%	2,961	2,961	100.00%	3,577	3,577	100.00%
Value £000s (YTD)	118,735	118,735	100.00%	32,266	32,266	100.00%	151,001	151,001	100.00%
NHS Sandwell & West Birmingham CCG									
Number (In-month)	258	252	97.67%	2,137	2,106	98.55%	2,395	2,358	98.46%
Value £000s (In-month)	51,055	50,531	98.97%	16,271	16,118	99.06%	67,326	66,649	98.99%
Number (YTD)	1,001	969	96.80%	5,717	5,626	98.41%	6,718	6,595	98.17%
Value £000s (YTD)	202,163	201,568	99.71%	54,118	53,427	98.72%	256,281	254,995	99.50%
NHS Walsall CCG									
Number (In-month)	108	104	96.30%	967	961	99.38%	1,075	1,065	99.07%
Value £000s (In-month)	26,304	26,104	99.24%	10,557	10,467	99.15%	36,861	36,571	99.21%
Number (YTD)	617	593	96.11%	3,898	3,861	99.05%	4,515	4,454	98.65%
Value £000s (YTD)	109,611	108,964	99.41%	33,558	33,044	98.47%	143,169	142,008	99.19%
NHS Wolverhampton CCG									
Number (In-month)	184	181	98.37%	910	903	99.23%	1,094	1,084	99.09%
Value £000s (In-month)	24,858	24,667	99.23%	16,801	16,751	99.70%	41,659	41,418	99.42%
Number (YTD)	777	768	98.84%	2,785	2,744	98.53%	3,562	3,512	98.60%
Value £000s (YTD)	108,960	108,754	99.81%	36,473	36,274	99.45%	145,433	145,028	99.72%
Black Country & West Birmingham CCGs									
Number (In-month)	669	656	98.06%	5,114	5,070	99.14%	5,783	5,726	99.01%
Value £000s (In-month)	131,169	130,254	99.30%	55,067	54,774	99.47%	186,236	185,028	99.35%
Number (YTD)	3,011	2,946	97.84%	15,361	15,192	98.90%	18,372	18,138	98.73%
Value £000s (YTD)	539,469	538,021	99.73%	156,415	155,011	99.10%	695,884	693,032	99.59%

Key Messages	**RAG Rating**
The Better Payment Practice Code (BPPC) has been achieved by all 4 CCGs both in-month (May 2020) and year-to-date (April to June 2020).	G = Achieved/Above 95% Target
	R = Below 95% Target

APPENDIX 1 - Summary Financial Performance - NHS Dudley CCG

Summary Financial Position

Summary	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Revenue Resource Limit						
Programme	122,347	122,347	-	162,129	162,129	-
Primary Care Co-Commissioning	10,984	10,984	-	14,645	14,645	-
Running Costs	1,346	1,346	-	1,794	1,794	-
Total In-year Revenue Resource Limit	134,676	134,676	-	178,568	178,568	-
Programme Expenditure						
Acute Services	72,421	70,855	1,567	95,886	94,043	1,843
Mental Health Services	12,306	13,736	(1,430)	16,397	18,375	(1,977)
Community Health Services	10,583	10,069	514	14,111	13,466	645
Continuing Care Services	6,339	7,678	(1,339)	8,263	10,576	(2,314)
Primary Care Services	16,009	17,886	(1,877)	21,345	23,935	(2,591)
Other Programme Services	4,320	6,106	(1,786)	5,760	7,929	(2,169)
Total Programme Expenditure	121,979	126,330	(4,351)	161,761	168,324	(6,563)
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	11,352	11,947	(595)	15,013	15,657	(644)
Running Costs Expenditure						
Running Costs	1,346	1,514	(169)	1,794	1,999	(205)
Total CCG Expenditure	134,676	139,791	(5,115)	178,568	185,980	(7,412)
In-year Surplus / (Deficit) Reported	0	(5,115)	(5,115)	-	(7,412)	(7,412)
Retrospective Allocations to be Confirmed						
COVID-19 Reimbursement	-	1,668	1,668	-	2,563	2,563
Additional Expenditure	-	3,448	3,448	-	4,849	4,849
In-year Surplus / (Deficit) to be Confirmed	0	-	(0)	-	-	-

Detailed Expenditure Position

Detailed Expenditure	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Acute Services						
Sandwell and West Birmingham Hospitals NHS-T	-	-	-	-	-	-
The Dudley Group NHS-FT	54,265	55,842	(1,577)	72,354	74,456	(2,102)
The Royal Wolverhampton NHS-T	1,899	1,911	(12)	2,531	2,547	(16)
Walsall Healthcare NHS-T	105	88	17	140	117	23
West Midlands Ambulance Service NHS-FT	3,113	3,030	83	4,151	4,040	111
Other NHS Providers	6,301	6,004	297	8,401	8,005	396
BMI	-	-	-	-	-	-
Nuffield	63	-	63	84	-	84
Ramsay	2,075	(241)	2,316	2,766	-	2,766
Spire Healthcare	-	-		-	-	
Other Independent Sector Providers	572	454	118	762	605	157
Non-contract Activity	896	106	790	1,194	141	1,053
Other Acute Expenditure	3,132	3,660	(528)	3,503	4,132	(629)
Total Acute Services	72,421	70,854	1,567	95,886	94,043	1,843
Mental Health Services						
Black Country Healthcare NHS-FT - MH	7,112	8,440	(1,328)	9,482	11,253	(1,771)
Black Country Healthcare NHS-FT - LD	1,490	1,584	(94)	1,987	2,111	(124)
Black Country Healthcare NHS-FT - IAPT	-	-	-	-	-	-
Other NHS Providers	1,569	202	1,367	2,093	270	1,823
Independent Sector Providers	27	27	-	36	36	-
Complex Cases	-	-	-	-	-	-
Non-contract Activity	56	-	56	74	-	74
Other Mental Health & LD Expenditure	2,052	3,483	(1,431)	2,725	4,704	(1,979)
Total Mental Health Services	12,306	13,736	(1,430)	16,397	18,374	(1,977)

APPENDIX 1 - Summary Financial Performance - NHS Dudley CCG

Detailed Expenditure	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Community Health Services						
Black Country Healthcare NHS-FT	1,530	998	532	2,040	1,330	710
Sandwell and West Birmingham Hospitals NHS-T	60	58	2	80	77	3
The Dudley Group NHS-FT	6,763	6,766	(3)	9,017	9,018	(1)
The Royal Wolverhampton NHS-T	265	209	56	353	279	74
Walsall Healthcare NHS-T	4	4	-	5	5	-
Other NHS Providers	68	56	12	90	70	20
Independent Sector Providers	48	48	-	64	64	-
Hospices	201	209	(8)	268	278	(10)
Intermediate Care	1,046	1,056	(10)	1,395	1,405	(10)
Non-contract Activity	-	-	-	-	-	-
Other Community Expenditure	598	665	(67)	799	940	(141)
Total Community Health Services	10,583	10,069	514	14,111	13,466	645
Continuing Healthcare Services						
Continuing Healthcare - Adult Fully Funded	4,420	5,291	(871)	5,704	7,547	(1,843)
Continuing Healthcare - Adult Fully Funded - PHB	332	397	(65)	443	508	(65)
Continuing Healthcare - Adult Joint Funded	-	-	-	-	-	-
Continuing Healthcare - Adult Joint Funded - PHB	-	-	-	-	-	-
Continuing Healthcare - Children's	156	131	25	208	177	31
Continuing Healthcare - Children's - PHB	42	41	1	56	57	(1)
Funded Nursing Care	1,103	1,497	(394)	1,470	1,864	(394)
Continuing Care Assessment & Support	286	321	(35)	381	423	(42)
Total Continuing Healthcare Services	6,339	7,678	(1,339)	8,262	10,576	(2,314)
Primary Care Services						
Central Drugs	515	525	(10)	686	700	(14)
Oxygen	195	166	29	261	261	-
Prescribing	13,404	15,287	(1,883)	17,873	20,465	(2,592)
Medicines Management Clinical Team	225	219	6	299	284	15
Other	-	-	-	-	-	-
Sub-total Drugs and GP Prescribing	14,339	16,197	(1,858)	19,119	21,710	(2,591)
GP IT	368	388	(20)	491	491	-
GP Forward View	496	496	-	661	661	-
Primary Care Network	-	-	-	-	-	-
Enhanced Services	640	605	35	853	819	34
Out of Hours	-	-	-	-	-	-
Other Primary Care	166	200	(34)	221	255	(34)
Sub-total Other Primary Care Services	1,670	1,689	(19)	2,226	2,226	-
Total Primary Care Services	16,009	17,886	(1,877)	21,345	23,936	(2,591)
Primary Care Co-commissioning						
General Practice - GMS	9,719	9,922	(203)	12,958	13,214	(256)
General Practice - PMS	150	147	3	201	201	-
Other List-Based Services (APMS incl.)	23	20	3	31	31	-
Premises cost reimbursements	1,115	1,156	(41)	1,486	1,525	(39)
Primary Care NHS Property Services Costs - GP	91	96	(5)	121	121	-
Other premises costs	5	-	5	6	6	-
Enhanced services	-	-	-	-	-	-
QOF	35	36	(1)	47	47	-
Other - GP Services	214	570	(356)	163	512	(349)
Delegated Contingency	-	-	-	-	-	-
Total Primary Care Co-commissioning	11,352	11,947	(595)	15,013	15,657	(644)

APPENDIX 1 - Summary Financial Performance - NHS Dudley CCG

Detailed Expenditure	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Other Programme Services						
MSMG	-	-	-	-	-	-
NEPTS	-	-	-	-	-	-
NHS Property Services and CHP Charges	(49)	632	(681)	(66)	932	(998)
Reablement	-	-	-	-	-	-
Better Care Fund	-	-	-	-	-	-
Vanguard - MCP	-	-	-	-	-	-
Safeguarding	-	-	-	-	-	-
Other Expenditure	4,370	5,475	(1,105)	5,826	6,997	(1,171)
Reserves	-	-	-	-	-	-
Contingency 0.5%	-	-	-	-	-	-
Total Other Programme Services	4,321	6,107	(1,786)	5,760	7,929	(2,169)
Running Costs						
Pay	987	1,017	(30)	1,316	1,302	14
CSU Re-charge	203	196	7	271	278	(7)
NHS Property Services and CHP Charges	33	47	(14)	44	63	(19)
Other Non-pay	122	254	(132)	163	356	(193)
Total Running Costs	1,345	1,514	(169)	1,794	1,999	(205)

APPENDIX 2 - Summary Financial Performance - NHS Sandwell & West Birmingham CCG

Summary Financial Position

Summary	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Revenue Resource Limit						
Programme	192,538	192,538	-	256,840	256,840	-
Primary Care Co-Commissioning	20,990	20,990	-	27,986	27,986	-
Running Costs	2,424	2,424	-	3,232	3,232	-
Total In-year Revenue Resource Limit	215,951	215,951	-	288,058	288,058	-
Programme Expenditure						
Acute Services	107,920	101,780	6,141	143,893	135,806	8,088
Mental Health Services	27,803	27,583	220	37,070	36,766	305
Community Health Services	16,834	16,033	801	22,446	21,428	1,017
Continuing Care Services	8,530	10,137	(1,608)	11,373	13,284	(1,912)
Primary Care Services	24,010	24,647	(638)	32,013	32,905	(892)
Other Programme Services	7,441	12,924	(5,483)	10,045	17,652	(7,607)
Total Programme Expenditure	192,537	193,104	(567)	256,840	257,841	(1,001)
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	20,990	21,331	(341)	27,986	28,599	(613)
Running Costs Expenditure						
Running Costs	2,424	2,578	(154)	3,232	3,404	(172)
Total CCG Expenditure	215,951	217,013	(1,062)	288,058	289,845	(1,787)
In-year Surplus / (Deficit) Reported	-	(1,062)	(1,062)	-	(1,787)	(1,787)
Retrospective Allocations to be Confirmed						
COVID-19 Reimbursement	-	2,184	2,184	-	2,553	2,553
Additional Expenditure	-	(1,122)	(1,122)	-	(766)	(766)
In-year Surplus / (Deficit) to be Confirmed	-	(0)	(0)	-	(0)	(0)

Detailed Expenditure Position

Detailed Expenditure	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Acute Services						
Sandwell and West Birmingham Hospitals NHS-T	66,274	66,274	0	88,365	88,365	(0)
The Dudley Group NHS-FT	10,167	10,167	0	13,557	13,557	0
The Royal Wolverhampton NHS-T	774	776	(2)	1,032	1,034	(2)
Walsall Healthcare NHS-T	2,379	2,379	(0)	3,173	3,173	(0)
West Midlands Ambulance Service NHS-FT	5,661	5,488	173	7,548	7,317	231
Other NHS Providers	15,795	15,795	(0)	21,060	21,060	0
BMI	416	(83)	499	555	(83)	638
Nuffield	15	0	15	21	0	21
Ramsay	571	93	478	761	93	668
Spire Healthcare	102	(27)		136	(27)	
Other Independent Sector Providers	48	(15)	63	64	(15)	79
Non-contract Activity	4,603	(298)	4,901	6,137	(269)	6,405
Other Acute Expenditure	345	524	(179)	460	659	(199)
Total Acute Services	107,151	101,073	5,948	142,868	134,864	7,841
Mental Health Services						
Black Country Healthcare NHS-FT - MH	8,962	8,958	3	11,949	11,946	3
Black Country Healthcare NHS-FT - LD	1,201	1,201	0	1,601	1,601	(0)
Black Country Healthcare NHS-FT - IAPT	688	688	0	917	917	0
Other NHS Providers	10,833	11,194	(361)	14,444	14,854	(410)
Independent Sector Providers	394	299	94	525	397	128
Complex Cases	2,537	2,177	360	3,383	2,903	480
Non-contract Activity	418	(45)	462	557	(45)	602
Other Mental Health & LD Expenditure	2,771	3,111	(339)	3,695	4,193	(498)
Total Mental Health Services	27,803	27,583	220	37,070	36,766	305

APPENDIX 2 - Summary Financial Performance - NHS Sandwell & West Birmingham CCG

Detailed Expenditure	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Community Health Services						
Black Country Healthcare NHS-FT	5,174	5,165	9	6,899	6,890	9
Sandwell and West Birmingham Hospitals NHS-T	8,068	8,068	(0)	10,757	10,757	0
The Dudley Group NHS-FT	130	130	0	173	173	0
The Royal Wolverhampton NHS-T	36	35	0	47	47	0
Walsall Healthcare NHS-T	87	87	0	116	116	0
Other NHS Providers	515	157	358	687	209	478
Independent Sector Providers	-	-	-	-	-	-
Hospices	56	56	(0)	74	74	0
Intermediate Care	399	419	(20)	532	553	(21)
Non-contract Activity	-	-	-	-	-	-
Other Community Expenditure	4,550	7,241	(2,691)	6,066	8,813	(2,747)
Total Community Health Services	19,014	21,357	(2,344)	25,351	27,632	(2,281)
Continuing Healthcare Services						
Continuing Healthcare - Adult Fully Funded	3,257	3,249	8	4,343	4,334	9
Continuing Healthcare - Adult Fully Funded - PHB	1,377	1,377	-	1,836	1,836	-
Continuing Healthcare - Adult Joint Funded	57	876	(819)	76	1,168	(1,092)
Continuing Healthcare - Adult Joint Funded - PHB	875	875	-	1,167	1,167	-
Continuing Healthcare - Children's	74	178	(104)	99	237	(139)
Continuing Healthcare - Children's - PHB	70	70	-	93	93	-
Funded Nursing Care	2,232	2,929	(697)	2,976	3,673	(697)
Continuing Care Assessment & Support	587	583	5	783	775	8
Total Continuing Healthcare Services	8,530	10,137	(1,608)	11,373	13,284	(1,912)
Primary Care Services						
Central Drugs	19,774	21,006	(1,232)	26,365	28,012	(1,647)
Oxygen	203	234	(30)	271	313	(42)
Prescribing	374	376	(1)	499	501	(2)
Medicines Management Clinical Team	294	270	24	392	362	30
Other	-	-	-	-	-	-
Sub-total Drugs and GP Prescribing	20,646	21,885	(1,239)	27,527	29,188	(1,661)
GP IT	556	506	50	741	683	58
GP Forward View	922	899	23	1,229	1,206	23
Primary Care Network	-	-	-	-	-	-
Enhanced Services	414	405	10	553	556	(3)
Out of Hours	960	869	91	1,280	1,159	121
Other Primary Care	103	97	6	137	129	8
Sub-total Other Primary Care Services	2,955	2,775	180	3,940	3,733	207
Total Primary Care Services	23,601	24,660	(1,059)	31,468	32,922	(1,454)
Primary Care Co-commissioning						
General Practice - GMS	14,704	13,693	1,011	19,606	19,361	245
General Practice - PMS	215	205	10	286	276	11
Other List-Based Services (APMS incl.)	465	1,408	(942)	620	796	(176)
Premises cost reimbursements	2,371	2,296	75	3,162	3,083	79
Primary Care NHS Property Services Costs - GP	-	-	-	-	-	-
Other premises costs	15	19	(4)	20	24	(4)
Enhanced services	2,679	2,593	86	3,572	3,546	26
QOF	1,750	1,630	120	2,333	2,197	137
Other - GP Services	(1,210)	(513)	(697)	(1,613)	(683)	(931)
Delegated Contingency	-	-	-	-	-	-
Total Primary Care Co-commissioning	20,990	21,331	(341)	27,986	28,599	(613)

APPENDIX 2 - Summary Financial Performance - NHS Sandwell & West Birmingham CCG

Detailed Expenditure	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Other Programme Services						
MSMG	-	-	-	-	-	-
NEPTS	1,067	1,088	(21)	1,422	1,443	(21)
NHS Property Services and CHP Charges	1,252	1,208	44	1,670	1,611	59
Reablement	-	-	-	-	-	-
Better Care Fund	5,552	5,552	(0)	7,403	7,403	(0)
Vanguard - MCP	-	-	-	-	-	-
Safeguarding	328	349	(21)	437	450	(13)
Other Expenditure	(264)	95	(359)	(352)	127	(479)
Reserves	(1,495)	-	(1,495)	(1,870)	1,339	(3,210)
Contingency 0.5%	-	-	-	-	-	-
Total Other Programme Services	6,440	8,293	(1,853)	8,710	12,373	(3,663)
Running Costs						
Pay	2,172	2,357	(185)	2,896	3,112	(216)
CSU Re-charge	170	130	41	227	174	53
NHS Property Services and CHP Charges	82	90	(9)	109	118	(10)
Other Non-pay	-	-	-	-	-	-
Total Running Costs	2,424	2,577	(153)	3,232	3,404	(172)

APPENDIX 3 - Summary Financial Performance - NHS Walsall CCG

Summary Financial Position

Summary	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Revenue Resource Limit						
Programme	106,832	106,832	-	141,641	141,641	-
Primary Care Co-Commissioning	10,322	10,322	-	13,763	13,763	-
Running Costs	1,166	1,166	-	1,555	1,555	-
Total In-year Revenue Resource Limit	118,321	118,321	-	156,959	156,959	-
Programme Expenditure						
Acute Services	57,601	57,995	(394)	76,801	77,190	(389)
Mental Health Services	11,941	13,070	(1,130)	15,921	17,173	(1,252)
Community Health Services	9,298	9,095	202	12,372	12,187	185
Continuing Care Services	6,485	8,603	(2,118)	8,621	10,634	(2,013)
Primary Care Services	15,890	17,421	(1,532)	21,187	23,588	(2,402)
Other Programme Services	5,617	9,118	(3,501)	6,738	10,745	(4,007)
Total Programme Expenditure	106,832	115,304	(8,472)	141,641	151,519	(9,878)
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	10,322	10,849	(527)	13,763	14,464	(701)
Running Costs Expenditure						
Running Costs	1,166	1,366	(199)	1,555	1,803	(248)
Total CCG Expenditure	118,321	127,519	(9,199)	156,959	167,785	(10,826)
In-year Surplus / (Deficit) Reported	-	(9,199)	(9,199)	-	(10,826)	(10,826)
Retrospective Allocations to be Confirmed						
COVID-19 Reimbursement	-	4,175	4,175	-	4,247	4,247
Additional Expenditure	-	5,023	5,023	-	6,580	6,580
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-

Detailed Expenditure Position

Detailed Expenditure	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Acute Services						
Sandwell and West Birmingham Hospitals NHS-T	1,080	1,080	-	1,440	1,440	-
The Dudley Group NHS-FT	573	573	-	764	764	-
The Royal Wolverhampton NHS-T	9,487	9,485	3	12,650	12,647	3
Walsall Healthcare NHS-T	38,132	38,831	(699)	50,843	51,542	(699)
West Midlands Ambulance Service NHS-FT	2,989	3,024	(35)	3,986	4,021	(35)
Other NHS Providers	4,780	4,779	1	6,373	6,372	1
BMI	-	-	-	-	-	-
Nuffield	-	(16)	16	-	(16)	16
Ramsay	-	-	-	-	-	-
Spire Healthcare	-	(155)		-	(155)	
Other Independent Sector Providers	389	276	112	518	419	99
Non-contract Activity	98	99	(1)	131	131	-
Other Acute Expenditure	73	19	53	97	26	71
Total Acute Services	57,601	57,995	(549)	76,801	77,190	(544)
Mental Health Services						
Black Country Healthcare NHS-FT - MH	7,960	8,013	(53)	10,613	10,676	(63)
Black Country Healthcare NHS-FT - LD	920	872	48	1,227	1,163	64
Black Country Healthcare NHS-FT - IAPT	-	-	-	-	-	-
Other NHS Providers	192	373	(181)	255	434	(179)
Independent Sector Providers	2,547	2,416	130	3,395	3,328	67
Complex Cases	42	1,146	(1,103)	56	1,248	(1,192)
Non-contract Activity	-	(42)	42	-	-	-
Other Mental Health & LD Expenditure	281	293	(12)	374	324	50
Total Mental Health Services	11,941	13,070	(1,130)	15,921	17,173	(1,252)

APPENDIX 3 - Summary Financial Performance - NHS Walsall CCG

Summary	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Community Health Services						
Black Country Healthcare NHS-FT	-	-	-	-	-	-
Sandwell and West Birmingham Hospitals NHS-T	27	27	-	37	37	-
The Dudley Group NHS-FT	-	-	-	-	-	-
The Royal Wolverhampton NHS-T	355	346	9	474	481	(8)
Walsall Healthcare NHS-T	7,891	7,733	158	10,521	10,297	224
Other NHS Providers	90	91	(1)	120	121	(1)
Independent Sector Providers	248	106	142	331	181	150
Hospices	362	415	(53)	458	558	(100)
Intermediate Care	359	341	17	478	456	22
Non-contract Activity	-	-	-	-	-	-
Other Community Expenditure	213	137	76	285	228	56
Total Community Health Services	9,546	9,197	349	12,703	12,360	343
Continuing Healthcare Services						
Continuing Healthcare - Adult Fully Funded	4,256	5,908	(1,653)	5,650	7,177	(1,526)
Continuing Healthcare - Adult Fully Funded - PHB	751	885	(134)	999	1,180	(181)
Continuing Healthcare - Adult Joint Funded	101	231	(130)	135	290	(155)
Continuing Healthcare - Adult Joint Funded - PHB	-	-	-	-	-	-
Continuing Healthcare - Children's	407	424	(17)	543	551	(8)
Continuing Healthcare - Children's - PHB	14	21	(7)	19	29	(10)
Funded Nursing Care	867	1,058	(191)	1,156	1,303	(147)
Continuing Care Assessment & Support	90	75	14	119	105	14
Total Continuing Healthcare Services	6,485	8,603	(2,118)	8,621	10,634	(2,013)
Primary Care Services						
Central Drugs	401	414	(13)	534	561	(27)
Oxygen	12,214	13,644	(1,430)	16,285	18,412	(2,127)
Prescribing	217	173	44	289	236	53
Medicines Management Clinical Team	266	321	(55)	355	427	(72)
Other	-	-	-	-	-	-
Sub-total Drugs and GP Prescribing	13,098	14,552	(1,455)	17,463	19,636	(2,173)
GP IT	239	233	6	318	419	(101)
GP Forward View	487	478	10	650	637	13
Primary Care Network	111	109	2	149	149	(0)
Enhanced Services	819	868	(49)	1,093	1,177	(84)
Out of Hours	422	438	(16)	562	584	(22)
Other Primary Care	714	748	(35)	951	994	(43)
Sub-total Other Primary Care Services	2,792	2,874	(82)	3,723	3,960	(237)
Total Primary Care Services	15,890	17,426	(1,536)	21,187	23,597	(2,410)
Primary Care Co-commissioning						
General Practice - GMS	5,636	5,692	(55)	7,515	7,589	(74)
General Practice - PMS	-	-	-	-	-	-
Other List-Based Services (APMS incl.)	1,139	1,070	68	1,518	1,518	0
Premises cost reimbursements	1,092	1,102	(10)	1,456	1,463	(7)
Primary Care NHS Property Services Costs - GP	566	566	0	755	755	(0)
Other premises costs	-	-	-	-	-	-
Enhanced services	1,037	1,071	(35)	1,382	1,339	43
QOF	1,051	1,051	0	1,401	1,401	0
Other - GP Services	(254)	297	(551)	(339)	398	(737)
Delegated Contingency	56	-	56	74	-	74
Total Primary Care Co-commissioning	10,322	10,849	(527)	13,763	14,464	(701)

APPENDIX 3 - Summary Financial Performance - NHS Walsall CCG

Summary	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Other Programme Services						
MSMG	-	-	-	-	-	-
NEPTS	-	-	-	-	-	-
NHS Property Services and CHP Charges	414	823	(410)	551	937	(385)
Reablement	3,365	4,123	(759)	4,252	4,976	(724)
Better Care Fund	-	-	-	-	-	-
Vanguard - MCP	-	-	-	-	-	-
Safeguarding	166	103	64	222	161	61
Other Expenditure	472	704	(232)	629	935	(306)
Reserves	953	3,259	(2,306)	753	3,555	(2,803)
Contingency 0.5%	-	-	-	-	-	-
Total Other Programme Services	5,369	9,012	(3,643)	6,407	10,564	(4,157)
Running Costs						
Pay	664	727	(63)	885	940	(55)
CSU Re-charge	121	117	5	162	144	18
NHS Property Services and CHP Charges	89	28	61	118	37	81
Other Non-pay	293	495	(202)	390	683	(292)
Total Running Costs	1,166	1,366	(199)	1,555	1,803	(248)

APPENDIX 4 - Summary Financial Performance - NHS Wolverhampton CCG

Summary Financial Position

Summary	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Revenue Resource Limit						
Programme	103,320	103,320	-	137,055	137,055	-
Primary Care Co-Commissioning	9,602	9,602	-	12,802	12,802	-
Running Costs	1,174	1,174	-	1,565	1,565	-
Total In-year Revenue Resource Limit	114,095	114,095	-	151,422	151,422	-
Programme Expenditure						
Acute Services	53,984	54,121	(138)	71,919	72,182	(263)
Mental Health Services	12,376	13,001	(625)	16,261	17,357	(1,096)
Community Health Services	11,976	12,305	(329)	15,886	16,386	(500)
Continuing Care Services	4,755	5,733	(978)	6,154	7,211	(1,058)
Primary Care Services	14,753	15,587	(834)	19,607	20,765	(1,158)
Other Programme Services	5,475	5,302	173	7,228	7,194	34
Total Programme Expenditure	103,320	106,050	(2,730)	137,055	141,095	(4,040)
Primary Care Co-Commissioning Expenditure						
Primary Care Co-Commissioning	9,602	9,917	(315)	12,802	13,223	(421)
Running Costs Expenditure						
Running Costs	1,174	1,239	(65)	1,565	1,636	(72)
Total CCG Expenditure	114,095	117,206	(3,111)	151,422	155,954	(4,532)
In-year Surplus / (Deficit) Reported	-	(3,111)	(3,111)	-	(4,532)	(4,532)
Retrospective Allocations to be Confirmed						
COVID-19 Reimbursement	-	1,301	1,301	-	2,004	2,004
Additional Expenditure	-	1,810	1,810	-	2,528	2,528
In-year Surplus / (Deficit) to be Confirmed	-	-	-	-	-	-

Detailed Expenditure Position

Detailed Expenditure	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Acute Services						
Sandwell and West Birmingham Hospitals NHS-T	358	358	-	477	477	-
The Dudley Group NHS-FT	1,330	1,330	-	1,774	1,774	-
The Royal Wolverhampton NHS-T	46,391	46,391	(0)	61,855	61,855	-
Walsall Healthcare NHS-T	584	584	-	779	779	-
West Midlands Ambulance Service NHS-FT	2,760	2,760	-	3,681	3,681	-
Other NHS Providers	1,365	1,365	-	1,819	1,819	-
BMI	49	49	0	65	65	-
Nuffield	553	-	553	738	-	738
Ramsay	-	-	-	-	-	-
Spire Healthcare	-	-	-	-	-	-
Other Independent Sector Providers	677	680	(3)	902	905	(3)
Non-contract Activity	-	0	(0)	-	-	-
Other Acute Expenditure	(261)	380	(640)	(347)	591	(938)
Total Acute Services	53,807	53,897	(90)	71,742	71,946	(204)
Mental Health Services						
Black Country Healthcare NHS-FT - MH	8,053	8,053	-	10,737	10,737	-
Black Country Healthcare NHS-FT - LD	618	618	-	824	824	-
Black Country Healthcare NHS-FT - IAPT	517	517	-	689	689	-
Other NHS Providers	301	301	(0)	401	401	-
Independent Sector Providers	147	145	2	197	197	-
Complex Cases	571	602	(31)	761	848	(87)
Non-contract Activity	805	498	307	1,073	741	332
Other Mental Health & LD Expenditure	644	1,206	(562)	858	1,518	(660)
Total Mental Health Services	11,655	11,940	(285)	15,540	15,955	(414)

The Black Country & West Birmingham CCGs Monthly Finance Report 2020/21 - Month 3

APPENDIX 4 - Summary Financial Performance - NHS Wolverhampton CCG

Summary	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Community Health Services						
Black Country Healthcare NHS-FT	-	-	-	-	-	-
Sandwell and West Birmingham Hospitals NHS-T	-	-	-	-	-	-
The Dudley Group NHS-FT	-	-	-	-	-	-
The Royal Wolverhampton NHS-T	9,400	9,400	-	12,534	12,534	-
Walsall Healthcare NHS-T	-	-	-	-	-	-
Other NHS Providers	46	46	-	61	61	-
Independent Sector Providers	909	1,073	(164)	1,212	1,430	(218)
Hospices	572	587	(14)	763	783	(19)
Intermediate Care	218	242	(24)	291	291	-
Non-contract Activity	-	-	-	-	-	-
Other Community Expenditure	585	554	31	780	780	-
Total Community Health Services	11,730	11,902	(172)	15,640	15,878	(238)
Continuing Healthcare Services						
Continuing Healthcare - Adult Fully Funded	2,364	2,387	(23)	3,152	3,183	(30)
Continuing Healthcare - Adult Fully Funded - PHB	-	241	(241)	-	321	(321)
Continuing Healthcare - Adult Joint Funded	-	(103)	103	-	(137)	137
Continuing Healthcare - Adult Joint Funded - PHB	-	-	-	-	-	-
Continuing Healthcare - Children's	210	237	(26)	281	316	(35)
Continuing Healthcare - Children's - PHB	6	6	-	8	8	-
Funded Nursing Care	1,381	1,697	(316)	1,841	2,146	(305)
Continuing Care Assessment & Support	233	229	4	311	306	5
Total Continuing Healthcare Services	4,195	4,694	(499)	5,593	6,142	(549)
Primary Care Services						
Central Drugs	350	358	(8)	467	467	-
Oxygen	47	77	(30)	63	102	(39)
Prescribing	11,560	12,256	(696)	15,414	16,356	(942)
Medicines Management Clinical Team	31	34	(3)	41	41	-
Other	-	-	-	-	-	-
Sub-total Drugs and GP Prescribing	11,988	12,724	(736)	15,984	16,966	(982)
GP IT	192	192	(0)	256	256	-
GP Forward View	795	795	0	1,060	1,060	0
Primary Care Network	111	111	(0)	148	148	(0)
Enhanced Services	189	195	(5)	253	253	-
Out of Hours	-	-	-	-	-	-
Other Primary Care	1,286	1,286	0	1,714	1,714	0
Sub-total Other Primary Care Services	2,573	2,578	(5)	3,431	3,431	0
Total Primary Care Services	14,561	15,303	(741)	19,415	20,397	(982)
Primary Care Co-commissioning						
General Practice - GMS	9,602	5,856	3,746	12,802	7,808	4,995
General Practice - PMS	-	795	(795)	-	1,060	(1,060)
Other List-Based Services (APMS incl.)	-	119	(119)	-	159	(159)
Premises cost reimbursements	-	1,080	(1,080)	-	1,440	(1,440)
Primary Care NHS Property Services Costs - GP	-	-	-	-	-	-
Other premises costs	-	(157)	157	-	(209)	209
Enhanced services	-	402	(402)	-	536	(536)
QOF	-	908	(908)	-	1,211	(1,211)
Other - GP Services	-	913	(913)	-	1,218	(1,218)
Delegated Contingency	-	-	-	-	-	-
Total Primary Care Co-commissioning	9,602	9,917	(315)	12,802	13,223	(421)

APPENDIX 4 - Summary Financial Performance - NHS Wolverhampton CCG

Summary	Year-to-date			Forecast to Month 4		
	Plan £000s	Actual £000s	Fav / (Adv) Variance £000s	Plan £000s	Forecast Outturn £000s	Fav / (Adv) Variance £000s
Other Programme Services						
MSMG	359	329	30	479	439	40
NEPTS	583	583	-	777	777	-
NHS Property Services and CHP Charges	179	179	-	239	239	-
Reablement	20	20	0	26	26	-
Better Care Fund	2,209	2,209	(0)	2,945	2,945	-
Vanguard - MCP	-	-	-	-	-	-
Safeguarding	183	183	(0)	244	244	-
Other Expenditure	1,150	1,407	(257)	1,534	2,001	(467)
Reserves	-	-	-	-	-	-
Contingency 0.5%	574	-	574	765	-	765
Total Other Programme Services	5,257	4,910	347	7,010	6,671	338
Running Costs						
Pay	836	804	32	1,115	1,018	96
CSU Re-charge	72	68	4	95	91	4
NHS Property Services and CHP Charges	59	149	(90)	74	200	(125)
Other Non-pay	207	208	(1)	281	315	(34)
Total Running Costs	1,174	1,229	(55)	1,565	1,624	(59)

JOINT HEALTH COMMISSIONING BOARD

DATE OF MEETING: 11 August 2020

AGENDA ITEM: 6.1

Title of Report:	Terms of Reference for Sub-Committees
Purpose of Report:	To ask the Joint Health Commissioning Board to agree the Terms of Reference for its Sub-committees
Author of Report:	Peter McKenzie, Corporate Operations Manager – Wolverhampton CCG
Management Lead/Signed off by:	Mike Hastings, Director of Technology and Operations, Black Country & West Birmingham CCGs.
Public or Private:	**Public**
Key Points:	• The Joint Health Commissioning Board Terms of Reference set out that it will establish the following sub-committees o Finance and Sustainability Committee o Individual Commissioning Assurance o Quality and Performance Committees o System Commissioning Committees o Place Commissioning Committees (one for each Place to be known as the *Place* Committee • Draft Terms of Reference for these sub-committees have been prepared for the Board to Approve
Recommendation:	That the Joint Health Commissioning Board Approve the attached Terms of Reference for its Sub-Committees
Conflicts of Interest:	None
Links to Corporate Objectives:	This proposal links to all 8 corporate objectives: 1. Develop strong engagement and involvement arrangements with our public and partners 2. Maintain financial sustainability 3. Continue to improve quality, safety and performance of commissioned services 4. Implement place based care models across the system 5. Develop a Black Country and West Birmingham integrated care system

	6. Develop effective system leadership and governance 7. Continue to invest in and develop infrastructure (e.g. estates, workforce and digital 8. Comply with our statutory duties

Action Required:	☐ Assurance ☒ Approval
Implications:	
Financial	
Assurance Framework	The Sub-Committees will support both the Joint Health Commissioning Board and the Governing Bodies in managing risks impacting on the Assurance Framework
Risks and Legal Obligations	There are no specific risks associated with this paper. The draft Terms of Reference have been aligned against the CCGs' relevant Statutory Duties to ensure they will be able to support the delivery of these duties as required.
Equality & Diversity	
Other	

1 INTRODUCTION

1.1 The Joint Health Commissioning Board (JHCB) was established at the meeting of the Governing Bodies in Common on 31 March 2020, with its Terms of Reference ratified in July 2020. These Terms of Reference set out that the JHCB will establish the following sub-committees to support both the JHCB and Governing Bodies in delivering the CCGs' Commissioning Functions.

- **Finance and Sustainability –** to provide an oversight of financial arrangements and performance across the four CCGs as they commission across the system.
- **Individual Commissioning Statutory Duties Assurance –** To provide an oversight of the CCGs' arrangements for commissioning services for individuals with specific and/or complex needs (including continuing healthcare, Children with Special Educational Needs and Disabilities, Patients with Learning Disabilities and complex mental health needs)
- **Quality and Performance –** to provide oversight of clinical quality, patient safety and performance in commissioned services across the system
- **System Commissioning –** To support the JHCB in developing commissioning arrangements including policies across the Black Country and West Birmingham system

- **Place Based Commissioning Committees –** Committees to provide oversight of commissioning arrangements (including the delivery of Integrated Care Provision) in each of the five places in the four CCGs (Dudley, Sandwell, Walsall, West Birmingham and Wolverhampton)

1.2 Terms of Reference for these Sub-Committees have been prepared by the Governance Team, discussed with the Executive Team and other Governing Body Members and are now presented to the JHCB for approval.

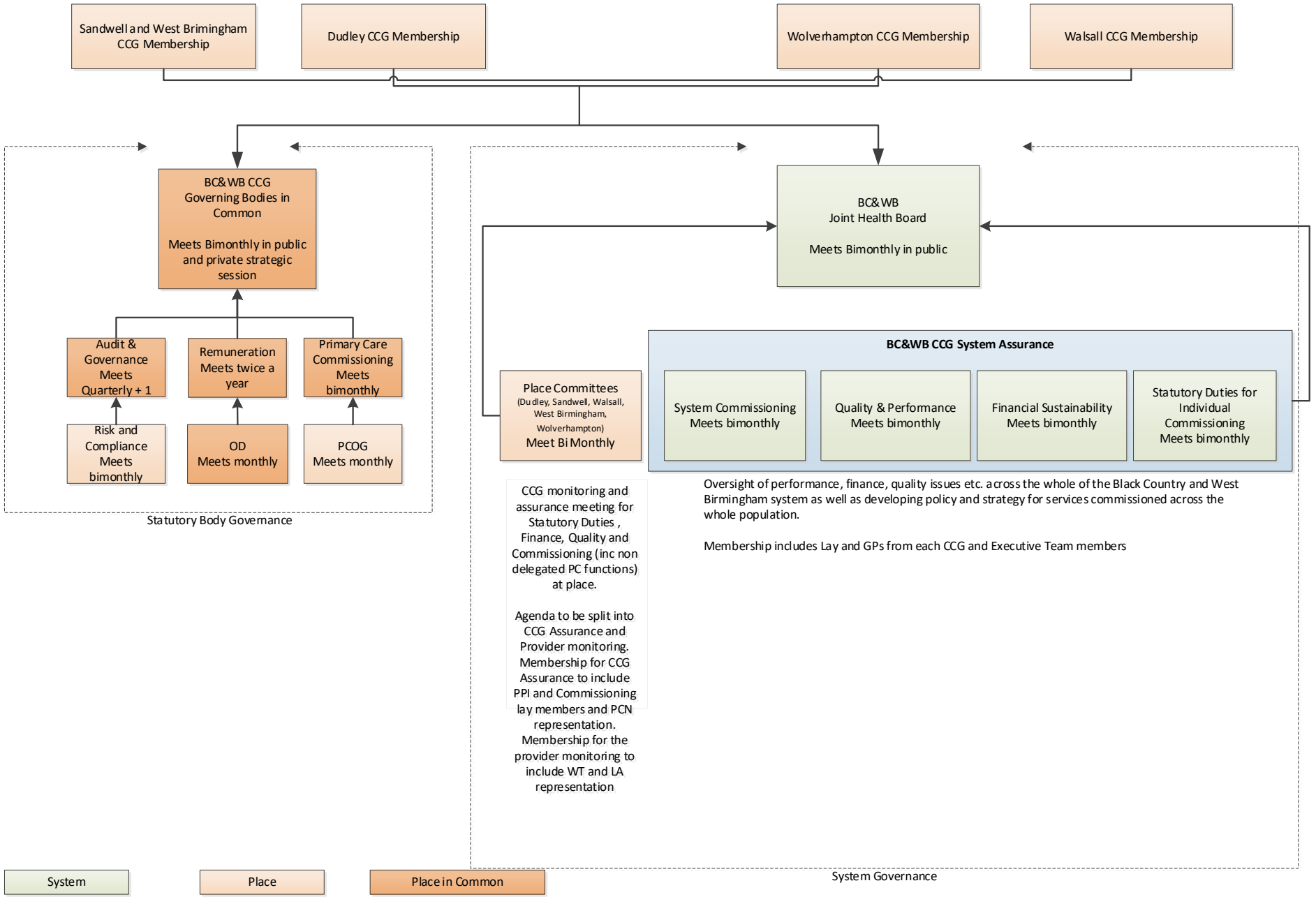
2 DRAFT TERMS OF REFERENCE

2.1 The draft terms of reference set out the purpose, membership, meeting arrangements (including frequency, voting and quoracy arrangements) and responsibilities of each of the sub-committees. The core responsibilities outlined for each committee is based both on the responsibilities formally delegated in the CCGs' Scheme of Reservation and Delegation and the CCGs' operational functions that will fall under the management of each committee.

2.2 The preparation of the Terms of reference has taken into account how each committee will fit into the aligned governance structure across the four CCGs (Fig.1) to provide an effective framework to support the delivery of CCG statutory duties. The review by the Executive Team has also taken into account milestones associated with the delivery of the CCGs' priorities to ensure that, where committee decision making is required to support the delivery of these priorities, this is reflected in the terms of reference.

2.3 The membership of each of the committees reflects the outputs and proposals from the task and finish group established by the Governing Bodies in January. The membership of each of the 'system' committees includes lay and GP representatives from each CCG with the relevant members of the Executive team with the Place committees reflecting current Governing Body membership. It is recognised that further work may be required on the membership of committees, particularly once the management of change process is complete.

Figure 1 – Aligned Governance Structure



3 NEXT STEPS

3.1 The JHCB is asked to approve the attached terms of reference for the sub-committees. Each sub-committee will then have any opportunity to review its own terms of reference at its first meeting. In particular this will enable the sub-committees to consider if any additional participants (including from partner organisations) outside of the core, voting membership of the sub-committee would enhance their work.

3.2 Any suggested amendments to Terms of reference arising from these reviews will be brought back to the JHCB for consideration at its next meeting.

August 2020

Peter McKenzie, Corporate Operations Manager, Wolverhampton CCG.

Attached
Draft Sub-Committee Terms of Reference

- Finance and Sustainability
- Individual Commissioning Assurance
- Quality and Performance
- System Commissioning
- Place Commissioning Committees (for ease, a single version has been attached – a localised version will be produced for each place)

Black Country & West Birmingham Joint Health Commissioning Board

Finance & Sustainability Committee
Terms of Reference

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY	REVIEWER
1.0	1 July 2020	First Draft	Emma Smith Peter McKenzie
1.1	7 August 2020	Final Draft for JHCB Approval	Executive Team

APPROVALS

This document has been approved by:

VERSION	BOARD/COMMITTEE	DATE

These terms of reference will be reviewed on an annual basis.

Finance & Sustainability Committee – Terms of Reference

1. Introduction & Purpose

1.1 The Finance and Sustainability Committee (the 'Committee') is a Committee of the Joint Health Commissioning Board (the 'JHCB'), a Joint Commissioning Committee established by Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton (the 'CCGs') in accordance with Section 14Z3 of the NHS Act 2006 (as amended). These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and will have effect as if incorporated into the constitution.

1.2 The Committee has delegated authority to make decisions on behalf of CCGs and the Joint Health Commissioning Board as defined by the Scheme of Reservation and Delegation. The Committee will apply best practice to the decision making process.

2. Membership

2.1 All voting members of the Committee will be required to attend at least 75% of meetings in a 12 month period. Comments/questions from members unable to attend can be received by the Chair, shared as appropriate at the meeting and minuted accordingly.

Voting Members

- One GP from each CCG
- One Lay Member from each CCG
- Deputy Accountable Officers
- Chief Finance Officer
- Chief Nurse
- Director of Technology and Operations

Participating Attendees

2.2 The Committee may invite other individuals or non-members to attend a meeting to contribute to its discussions where relevant and appropriate.

2.3 The Chair and Vice Chair will be elected by the Committee members. The Chair will be one of the Lay members and the Vice-Chair will be a GP Member.

3. Nominated Deputy

3.1 Members may nominate a deputy to attend if there are occasions when the member is unavailable. This should be the exception rather than the rule. The deputy must be appropriately briefed and have decision making authority to adequately deputise for the member.

4. Designated Officer

4.1 The Designated Officer will be responsible for supporting the Chair in the management of the Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

4.2 The Designated Officer for this Committee is the Chief Finance Officer.

5. Quorum

5.1 A quorum shall be four members, which must include one lay representative and one GP representative and one Executive Member.

6. Voting

6.1 Each member of the Committee will have one vote. The Committee will reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

6.2 Any decisions taken will be in line with the delegations agreed by the CCGs and the JHCB and within approved delegated limits - subject to any revisions agreed by the CCGs' Audit Committees.

6.3 Any decisions or recommendations that are required outside of the Committee's delegated powers will be referred to the JHCB for consideration at its next meeting.

7. Frequency and Structure of Meetings

7.1 The Committee will normally meet on a monthly basis. No unscheduled or rescheduled meetings will take place without members having at least one week's notice of the date.

7.2 The agenda and supporting papers will be circulated to all members at least five working days before the date the meeting will take place.

7.3 A named individual will be responsible for supporting the Chair in the management of the Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

8. Remit, duties and responsibilities

8.1 The Committee is responsible for supporting the JHCB and Governing Bodies in ensuring that the CCGs meet their financial duties by developing and monitoring financial strategies and performance.

8.2 The Committee has delegated authority from the CCGs for:

- Approving arrangements for discharging the CCGs' statutory financial duties;
- Approving variations to approved budgets where variation would have a significant impact on the overall approved levels of income and expenditure or the CCGs' ability to achieve their agreed strategic aims.
- Determination of the process for making grants and loans to voluntary organisations.

8.3 The Committee will be responsible for the following:

- Oversight of the CCGs' financial management arrangements including development of the CCGs' Financial Strategy and policies for recommendation to the Governing Bodies;
- Development of Financial Budgets for approval at GB
- Monitoring and shaping the Black Country and West Birmingham Capital programme, including scrutinising business cases
- Oversight of the CCGs QIPP programme including
  - Setting the Financial Objectives for QIPP
  - Monitoring achievement of targets
  - Overseeing management actions to support the delivery of the programme
- Oversight of the CCGs' Financial Arrangements for Quality Premia

- Oversight of the CCGs' strategies for infrastructure, including Estates and IT
- Monitoring and managing the CCGs' financial performance and Contract Management arrangements.

9. Report to

9.1 The Committee will report to the Joint Health Commissioning Board.

9.2 To support this role the Committee is authorised to establish any working group as necessary.

10. Managing Conflicts of Interest

10.1 Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. The CCGs are required to manage any conflicts of interest through a transparent and robust system. Meeting attendees are encouraged to be open and honest in identifying any potential conflicts during the meeting. The Chair will be required to recognise any potential conflicts that may arise from themselves or a member of the meeting.

10.2 It is imperative that CCGs ensures complete transparency in any decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the Chair must ensure the following information is recorded in the minutes; who has the interest, the nature of the interest and why it gives rise to a conflict; the items on the agenda to which the interest relates; how the conflict was agreed to be managed and evidence that the conflict was managed as intended.

10.3 If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the authority to request that member to withdraw until the item under discussion has been concluded. All declarations of interest will be recorded in the minutes.

10.4 Should the meeting not be quorate due to a conflict of interest, quoracy should be managed in line with the CCG's Conflict of Interest Policy.

11. Confidentiality

11.1 Papers that are marked 'in confidence, not for publication or dissemination' shall remain confidential to the members of the Committee unless the Chair indicates otherwise. Members, representative or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such papers.

12. General Data Protection Regulations (GDPR) and Data Protection Act (DPA) 2018

12.1 Committee members will give due regard to the responsibilities of the CCG to comply with GDPR and DPA legislation.

13. Freedom of Information Act 2000

13.1 All papers are subject to the Freedom of Information Act. All papers that are exempt from public release under the FOI Act must be clearly marked 'in confidence, not for publication'. These papers may not be copied or distributed outside of the Committee membership without the expressed permission of the Chair. FOI exemption 41 (duty of confidence) applies.

Black Country & West Birmingham Joint Health Commissioning Board

Strategic/System Commissioning Committee Terms of Reference

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY	REVIEWER
1.0	1 July 2020	First Draft	Emma Smith & Peter McKenzie
1.1	7 August 2020	Final Draft for JHCB Approval	Executive Team

APPROVALS

This document has been approved by:

VERSION	BOARD/COMMITTEE	DATE

These terms of reference will be reviewed on an annual basis.

System Commissioning Committee – Terms of Reference

1. Introduction & Purpose

1.1 The System Commissioning Committee (the 'Committee') is a Committee of the Joint Health Commissioning Board (the 'JHCB'), a Joint Commissioning Committee established by Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton (the 'CCGs') in accordance with Section 14Z3 of the NHS Act 2006 (as amended). These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and will have effect as if incorporated into the constitution.

1.2 The Committee has delegated authority to make decisions on behalf of CCGs and the Joint Health Commissioning Board as defined by the Scheme of Reservation and Delegation. The Committee will apply best practice to the decision making process.

2. Membership

2.1 All voting members of the Committee will be required to attend at least 75% of meetings in a 12 month period. Comments/questions from members unable to attend can be received by the Chair, shared as appropriate at the meeting and minuted accordingly.

Voting Members

- One GP from each CCG
- One Lay Member from each CCG
- Deputy Accountable Officers
- Chief Finance Officer
- Chief Nurse
- Director of Technology and Operations
- Chief Medical Officer
- Secondary Care Clinician

Participating Attendees

2.2 The Committee may invite other individuals or non-members to attend a meeting to contribute to its discussions where relevant and appropriate.

2.3 The Chair and Vice Chair will be elected by the committee members. The Chair will be one of the GP members and the Vice-Chair will be a Lay Member.

3. Nominated Deputy

3.1 Members may nominate a deputy to attend if there are occasions when the member is unavailable. This should be the exception rather than the rule. The deputy must be appropriately briefed and have decision making authority to adequately deputise for the member.

4. Designated Officer

4.1 The Designated Officer will be responsible for supporting the Chair in the management of the Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

4.2 The Designated Officer for this Sub Committee is the Deputy Accountable Officer (System).

5. Quorum

5.1 A quorum shall be four members, which must include one lay representative and one GP representative and one Executive Member.

6. Voting

6.1 Each member of the Committee will have one vote. The Committee will reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

6.2 Any decisions taken will be in line with the delegations agreed by the CCGs and the JHCB and within approved delegated limits - subject to any revisions agreed by the CCGs' Audit Committees.

6.3 Any decisions or recommendations that are required outside of the Committee's delegated powers will be referred to the JHCB for consideration at its next meeting.

7. Frequency and Structure of Meetings

7.1 The Committee will normally meet on a bi-monthly basis. No unscheduled or rescheduled meetings will take place without members having at least one week's notice of the date.

7.2 The agenda and supporting papers will be circulated to all members at least five working days before the date the meeting will take place.

7.3 A named individual will be responsible for supporting the Chair in the management of the Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

8. Remit, duties and responsibilities

8.1 The Committee will be responsible for supporting the Joint Health Commissioning Board in delivering the powers delegated from the four CCGs to promote a comprehensive, integrated health service across the Black Country and West Birmingham. This will include developing and monitoring the implementation of strategic policies at a system level and direct responsibility for the commissioning and assurance of services procured at a 'system' level.

8.2 The Committee does not currently have any formal delegated powers from the CCGs but will be responsible for the following functions:

- Assurance in relation to any delegated budgets at system
- Approval of proposals/business cases exceeding DAOs delegated powers
- Overseeing the CCGs' approach to supporting Provider Collaboration, including monitoring existing collaboration and developing and reviewing proposals for further collaboration for recommendation to the JHCB .and oversight
- Development of the CCG's system commissioning strategy and intentions for recommendation to the JHCB, and providing assurance that the overall CCG strategy meets STP/ICS expectations.
- Monitoring, scrutinising and advising the JHCB and CCG Management Team on System actions to address health inequalities, including population health management

- Development and monitoring approaches to support the CCGs in delivering their statutory duties for promoting research and innovation
- Supporting the Finance and Sustainability Committee in ensuring the CCGs meet their QIPP targets by developing and monitoring System based QIPP programmes.
- Development and oversight of the CCG's approach to delivering their Strategic Commissioning responsibilities within the Black Country and West Birmingham ICS
- Oversee the CCGs requirements in implementing recommendations from the Regional 111/999 team
- Oversee development of joint working with Specialised Services, and provide assurance to JHCB of any proposed service changes or changes in commissioning responsibility for services currently commissioned by Specialised Services

9. Report to

9.1 The Committee will report to the Joint Health Commissioning Board.

9.2 To support this role the Committee is authorised to establish any working group as necessary.

10. Managing Conflicts of Interest

10.1 Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. The CCGs are required to manage any conflicts of interest through a transparent and robust system. Meeting attendees are encouraged to be open and honest in identifying any potential conflicts during the meeting. The Chair will be required to recognise any potential conflicts that may arise from themselves or a member of the meeting.

10.2 It is imperative that CCGs ensures complete transparency in any decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the Chair must ensure the following information is recorded in the minutes; who has the interest, the nature of the interest and why it gives rise to a conflict; the items on the agenda to which the interest relates; how the conflict was agreed to be managed and evidence that the conflict was managed as intended.

10.3 If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the authority to request that member to withdraw until the item under discussion has been concluded. All declarations of interest will be recorded in the minutes.

10.4 Should the meeting not be quorate due to a conflict of interest, quoracy should be managed in line with the CCG's Conflict of Interest Policy.

11. Confidentiality

11.1 Papers that are marked 'in confidence, not for publication or dissemination' shall remain confidential to the members of the Committee unless the Chair indicates otherwise. Members, representative or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such papers.

12. General Data Protection Regulations (GDPR) and Data Protection Act (DPA) 2018

12.1 Committee members will give due regard to the responsibilities of the CCG to comply with GDPR and DPA legislation.

13. Freedom of Information Act 2000

13.1 All papers are subject to the Freedom of Information Act. All papers that are exempt from public release under the FOI Act must be clearly marked 'in confidence, not for publication'. These papers may not be copied or distributed outside of the Committee membership without the expressed permission of the Chair. FOI exemption 41 (duty of confidence) applies.

Black Country & West Birmingham Joint Health Commissioning Board
[Place] Committee
Terms of Reference

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY	REVIEWER
D1.0	19 June 2020	First draft following discussion with MD	Emma Smith Neill Bucktin
D1.1	22 June 2020	Suggested Amendments	Peter McKenzie
D1.2	26 June 2020	Amendments to Membership	Emma Smith
D1.3	7 August 2020	Draft for approval by JHCB	Executive Team

APPROVALS

This document has been approved by:

VERSION	BOARD/COMMITTEE	DATE

These terms of reference will be reviewed on an annual basis.

[CCG] Place Commissioning Committee – Terms of Reference

1. Introduction & Purpose

1.1 The Place Commissioning Committee – [CCG] (the 'Sub-Committee') is a Committee of the Joint Health Commissioning Board (the 'JHCB'), a Joint Commissioning Committee established by Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton (the 'CCGs') in accordance with Section 14Z3 of the NHS Act 2006 (as amended). These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and will have effect as if incorporated into the constitution.

1.2 The Committee has delegated authority to make decisions on behalf of the Joint Health Commissioning Board as defined by the Scheme of Reservation and Delegation. The Committee will apply best practice to the decision making process.

2. Membership

2.1 All voting members of the Committee will be required to attend at least 75% of meetings in a 12 month period. Comments/questions from members unable to attend can be received by the Chair, shared as appropriate at the meeting and minuted accordingly.

Voting Members

- 5 GP Board members
- 2 Clinical Executives
- 3 Lay Members
- Secondary Care Clinician
- Chief Nurse (or representative)
- Chief Medical Officer (or representative)
- Chief Finance Officer (or representative)
- Deputy Accountable Officer (or representative)
- [CCG] Managing Director (or representative)

Participating Attendees

- Director of Public Health, [Local Authority]
- Director of Adult Social Care, [Local Authority]
- Local Healthwatch
- Representatives of other CCG Directors as appropriate
- LMC Representative

2.2 The Committee may invite other individuals or non-members to attend a meeting to contribute to its discussions where relevant and appropriate.

3. Nominated Deputy

3.1 Members may nominate a deputy to attend if there are occasions when the member is unavailable. This should be the exception rather than the rule. The deputy must be appropriately briefed and have decision making authority to adequately deputise for the member.

3.2 The Chair of the [CCG] shall chair the committee. In the Chair's absence, another voting member shall take the Chair.

4. Designated Officer

4.1 The Designated Officer will be responsible for supporting the Chair in the management of the Sub-Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

4.2 The Designated Officer for this Committee is the [CCG] Managing Director.

5. Quorum

5.1 A quorum shall be six members, which must include two lay representatives (this includes the Secondary Care Clinician), two GP members, the Managing Director (or representative) and one other member.

6. Voting

6.1 Each member of the Committee will have one vote. The Committee will reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

6.2 Any decisions taken will be in accordance with the Standing Orders. Where urgent and material decisions are required outside of these limits, these will be considered via an exceptional meeting of the Joint Health Commissioning Board.

7. Frequency and Structure of Meetings

7.1 The Committee will normally meet on a bi-monthly basis. No unscheduled or rescheduled meetings will take place without members having at least one week's notice of the date.

7.2 The agenda and supporting papers will be circulated to all members at least five working days before the date the meeting will take place.

7.3 A named individual will be responsible for supporting the Chair in the management of the Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

8. Remit, duties and responsibilities

8.1 The functions below will be delivered by the Committee:

- Development of place commissioning strategy and intentions for recommendation to the JHCB
- Oversight and management of Place actions to address health inequalities, including population health management
- Oversight and management of Integrated Care Provider/Partnership development and delivery
- Providing assurance to the JHCB in relation to local implementation of "system" level policy
- Assurance in relation to any delegated budgets at place
- Approval of proposals/business cases exceeding MD's delegated powers
- Supporting the Finance and Sustainability Committee in ensuring the CCGs meet their QIPP targets by developing and monitoring Place based QIPP programmes
- Oversight of performance of Medicines Management arrangements in [Place]
- Oversight and management of Primary care development in relation to discretionary elements not within the responsibility of the Primary Care Commissioning Committee.
- Oversight and management of the Implementation of the Equality Delivery System (EDS 2)
- Oversight and management of the Relationship with statutory and non-statutory partners in [Place] including:-
    - The Health and Wellbeing Board,
    - Safeguarding Boards
    - [Place] Public Health (including meeting the CCG's statutory duties in relation to obtaining public health advice)
      Crime and Disorder Partnership
    - Ensuring that [CCG] contributes to the Joint Strategic Needs Analysis and Joint Health and Wellbeing Strategy

- Joint commissioning strategies including BCF and Section 75 arrangements
- Oversight of Local communications and engagement with the patients, the public and other stakeholders

9. Report to

9.1 The Committee will report to the Joint Health Commissioning Board.

9.2 To support this role the Committee is authorised to establish any working groups as necessary.

10. Managing Conflicts of Interest

10.1 Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. The CCGs are required to manage any conflicts of interest through a transparent and robust system. Meeting attendees are encouraged to be open and honest in identifying any potential conflicts during the meeting. The Chair will be required to recognise any potential conflicts that may arise from themselves or a member of the meeting.

10.2 It is imperative that CCGs ensure complete transparency in any decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the Chair must ensure the following information is recorded in the minutes; who has the interest, the nature of the interest and why it gives rise to a conflict; the items on the agenda to which the interest relates; how the conflict was agreed to be managed and evidence that the conflict was managed as intended.

10.3 If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the authority to request that member to withdraw until the item under discussion has been concluded. All declarations of interest will be recorded in the minutes.

10.4 Should the meeting not be quorate due to a conflict of interest, quoracy should be managed in line with the CCG's Conflict of Interest Policy.

11. Confidentiality

11.1 Papers that are marked 'in confidence, not for publication or dissemination' shall remain confidential to the members of the Sub-Committee unless the Chair indicates otherwise. Members, representatives or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such papers.

12. General Data Protection Regulations (GDPR) and Data Protection Act (DPA) 2018

12.1 Committee members will give due regard to the responsibilities of the CCG to comply with GDPR and DPA legislation.

13. Freedom of Information Act 2000

13.1 All papers are subject to the Freedom of Information Act. All papers that are exempt from public release under the FOI Act must be clearly marked 'in confidence, not for publication'. These papers may not be copied or distributed outside of the Committee membership without the expressed permission of the Chair. FOI exemption 41 (duty of confidence) applies.

Black Country & West Birmingham Joint Health Commissioning Board

Individual Commissioning Assurance Committee Terms of Reference

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY	REVIEWER
1.0	01 July 2020	First Draft	Emma Smith & Peter McKenzie
1.1	7 August 2020	Final Draft for JHCB Approval	Executive Team

APPROVALS

This document has been approved by:

VERSION	BOARD/COMMITTEE	DATE

These terms of reference will be reviewed on an annual basis.

Individual Commissioning Assurance Committee – Terms of Reference

1. Introduction & Purpose

1.1 The Individual Commissioning Assurance Committee (the 'Committee') is a sub-committee of the Joint Health Commissioning Board (the 'JHCB'), a Joint Commissioning Committee established by Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton (the 'CCGs') in accordance with Section 14Z3 of the NHS Act 2006 (as amended). These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and will have effect as if incorporated into the constitution.

1.2 The Committee has delegated authority to make decisions on behalf of CCGs and the Joint Health Commissioning Board as defined by the Scheme of Reservation and Delegation. The committee will apply best practice to the decision making process.

2. Membership

2.1 All voting members of the sub-committee will be required to attend at least 75% of meetings in a 12 month period. Comments/questions from members unable to attend can be received by the Chair, shared as appropriate at the meeting and minuted accordingly.

Voting Members

- One GP from each CCG
- One Lay Member from each CCG
- Deputy Accountable Officers
- Chief Finance Officer
- Chief Nurse
- Director of Technology and Operations

Participating Attendees

2.2 The sub-committee may invite other individuals or non-members to attend a meeting to contribute to its discussions where relevant and appropriate.

2.3 The Chair and Vice Chair will be elected by the committee members. The Chair will be one of the GP members and the Vice-Chair will be a Lay Member.

3. Nominated Deputy

3.1 Members may nominate a deputy to attend if there are occasions when the member is unavailable. This should be the exception rather than the rule. The deputy must be appropriately briefed and have decision making authority to adequately deputise for the member.

4. Designated Officer

4.1 The Designated Officer will be responsible for supporting the Chair in the management of the sub committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

4.2 The Designated Officers for this committee is the Chief Nursing Officer

5. Quorum

5.1 A quorum shall be four members, which must include one lay representative and one GP representative and one Executive Member.

6. Voting

6.1 Each member of the Committee will have one vote. The Committee will reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

6.2 Any decisions taken will be in line with the delegations agreed by the CCGs and the JHCB and within approved delegated limits - subject to any revisions agreed by the CCGs' Audit Committees.

6.3 Any decisions or recommendations that are required outside of the Committee's delegated powers will be referred to the JHCB for consideration at its next meeting.

7. Frequency and Structure of Meetings

7.1 The sub-committee will normally meet on a monthly basis. No unscheduled or rescheduled meetings will take place without members having at least one week's notice of the date.

7.2 The agenda and supporting papers will be circulated to all members at least five working days before the date the meeting will take place.

7.3 A named individual will be responsible for supporting the Chair in the management of the sub-committee business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

8. Remit, duties and responsibilities

8.1 The Committee will be responsible for providing assurance to the Joint Health Commissioning Board that the CCGs are meeting their statutory responsibilities that relate to the commissioning of services for individuals. This includes arrangements for exceptional funding requests, continuing health care and individuals with complex physical or mental health needs.

8.2 The Committee has delegated authority from the CCGs to approve the arrangements for managing exceptional funding requests. The Committee will also be responsible for the overall oversight of the arrangements for managing individual placements/packages across Mental Health, Learning Disabilities, Continuing Healthcare and Children's Continuing Care. This will include consideration (by exception) of specific individual case when necessary to deliver the following functions:

- Determining policy and providing assurance to the JHCB that arrangements are operating effectively in the following areas
    - NHS Continuing Healthcare (Adults)
    - Continuing Care (Children)
    - Personal Health Budgets
- Overseeing the CCGs' delivery of their statutory duties under the following Acts
    - Mental Health Act 1983 (including assessments, application of Section 117 powers)
    - Children's Act 1989 (including responsibilities in relation to looked after children)

- Children, Young People and Familes Act 2012 and Children and Families Act 2014 (including requirements in relation to Children with Special Educational Needs and Disabilities and cooperation with Local Authorities)
- Domestic Violence, Crime and Victims Act 2009 (including participating in domestic homicide reviews).
- Anti Social Behaviour, Crime and Policing Act 2014 (including participating in arrangements for dealing with anti-social behaviour)

- Management of relevant Safeguarding issues including Liberty Protection Safeguards

9. Report to

9.1 The sub-committee will report to the Joint Health Commissioning Board.

9.2 To support this role, the sub-committee is authorised to establish any working group as necessary.

10. Managing Conflicts of Interest

10.1 Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. The CCGs are required to manage any conflicts of interest through a transparent and robust system. Meeting attendees are encouraged to be open and honest in identifying any potential conflicts during the meeting. The Chair will be required to recognise any potential conflicts that may arise from themselves or a member of the meeting.

10.2 It is imperative that CCGs ensures complete transparency in any decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the Chair must ensure the following information is recorded in the minutes; who has the interest, the nature of the interest and why it gives rise to a conflict; the items on the agenda to which the interest relates; how the conflict was agreed to be managed and evidence that the conflict was managed as intended.

10.3 If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the authority to request that member to withdraw until the item under discussion has been concluded. All declarations of interest will be recorded in the minutes.

10.4 Should the meeting not be quorate due to a conflict of interest, quoracy should be managed in line with the CCG's Conflict of Interest Policy.

11. Confidentiality

11.1 Papers that are marked 'in confidence, not for publication or dissemination' shall remain confidential to the members of the Committee unless the Chair indicates otherwise. Members, representative or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such papers.

12. General Data Protection Regulations (GDPR) and Data Protection Act (DPA) 2018

12.1 Committee members will give due regard to the responsibilities of the CCG to comply with GDPR and DPA legislation.

13. Freedom of Information Act 2000

13.1 All papers are subject to the Freedom of Information Act. All papers that are exempt from public release under the FOI Act must be clearly marked 'in confidence, not for publication'. These papers may not be copied or distributed outside of the Committee membership without the expressed permission of the Chair. FOI exemption 41 (duty of confidence) applies.

Black Country & West Birmingham Joint Health Commissioning Board

Quality & Performance Committee
Terms of Reference

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY	REVIEWER
1.0	1 July 2020	First Draft	Emma Smith & Perter McKenzie
1.1	7 August 2020	Draft for JHCB Approval	Executive Team

APPROVALS

This document has been approved by:

VERSION	BOARD/COMMITTEE	DATE

These terms of reference will be reviewed on an annual basis.

1. Introduction & Purpose

1.1 The Quality and Performance Committee (the 'Committee') is a Committee of the Joint Health Commissioning Board (the 'JHCB'), a Joint Commissioning Committee established by Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton (the 'CCGs') in accordance with Section 14Z3 of the NHS Act 2006 (as amended). These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and will have effect as if incorporated into the constitution.

1.2 The Committee has delegated authority to make decisions on behalf of CCGs and the Joint Health Commissioning Board as defined by the Scheme of Reservation and Delegation. The Committee will apply best practice to the decision making process.

2. Membership

2.1 All voting members of the Committee will be required to attend at least 75% of meetings in a 12 month period. Comments/questions from members unable to attend can be received by the Chair, shared as appropriate at the meeting and minuted accordingly.

Voting Members

- One GP from each CCG
- One Lay Member from each CCG
- Deputy Accountable Officers
- Chief Finance Officer
- Chief Nurse
- Director of Technology and Operations

Participating Attendees

2.2 The Committee may invite other individuals or non-members to attend a meeting to contribute to its discussions where relevant and appropriate.

2.3 The Chair and Vice Chair will be elected by the Committee members. The Chair will be one of the GP members and the Vice-Chair will be a Lay Member.

3. Nominated Deputy

3.1 Members may nominate a deputy to attend if there are occasions when the member is unavailable. This should be the exception rather than the rule. The deputy must be appropriately briefed and have decision making authority to adequately deputise for the member.

4. Designated Officer

4.1 The Designated Officer will be responsible for supporting the Chair in the management of the Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

4.2 The Designated Officer for this Committee is the Chief Nurse.

5. Quorum

5.1 A quorum shall be four members, which must include one lay representative and one GP representative and one Executive Member.

6. Voting

6.1 Each member of the Committee will have one vote. The Committee will reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

6.2 Any decisions taken will be in line with the delegations agreed by the CCGs and the JHCB and within approved delegated limits - subject to any revisions agreed by the CCGs' Audit Committees.

6.3 Any decisions or recommendations that are required outside of the Committee's delegated powers will be referred to the JHCB for consideration at its next meeting.

7. Frequency and Structure of Meetings

7.1 The Committee will normally meet on a monthly basis. No unscheduled or rescheduled meetings will take place without members having at least one week's notice of the date.

7.2 The agenda and supporting papers will be circulated to all members at least five working days before the date the meeting will take place.

7.3 A named individual will be responsible for supporting the Chair in the management of the Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

8. Remit, duties and responsibilities

8.1 The committee will be responsible for providing assurance to the JHCB and the CCGs' Governing Bodies that Commissioned services are performing effectively and safely, meeting required performance standards and that the CCGs' are meeting their statutory duties in relation to ensuring continuous improvement in the quality of services.

8.2 The Committee has delegated authority from the CCGs for approving arrangements, including supporting policies for minimising clinical risk, maximising patient safety and securing continuous improvement in quality and patient outcomes.

8.3 The committee will also be responsible for the following functions:

- Overseeing arrangements for Provider Quality assurance and improvement, including endorsing actions to address specific issues of concern
- Overseeing the CCGs arrangements to meet its statutory duties relating to public and patient involvement to ensure that Patient Experience informs the continuous improvement and development of services
- Overseeing arrangements for ensuring that the CCG meets its statutory duties in relation to equality and diversity and human rights.
- Overseeing the CCGs' arrangements for managing complaints
- Developing and monitoring contractual mechanisms to support quality improvement including CQUINS
- Receiving and responding to External information including Regulator instruction, National Inquiries, Local Reviews and NICE guidance in relation to the quality of commissioned services.

- Overseeing the CCGs' arrangements for responding to Serious Incidents & Never Events in commissioned services.
- Overseeing the CCG's arrangements for meeting its statutory duties in relation to Safeguarding,
- Overseeing arrangements to support improvements in Infection Control and Prevention in commissioned services.
- Overseeing the CCGs' arrangements for optimising the use of medicines.
- Monitoring and managing performance in commissioned services including:
    - NHS Constitutional Targets, the NHS Oversight Framework and other national policies.
    - Contractual Key Performance Indicators
    - Management of Contractual action to improve performance, including monitoring remedial action planning.
    - Overseeing arrangements for the payment of Quality Premia
- Overseeing the CCGs' arrangements to support local authorities in improving quality in Care homes.
- Development of Performance Management Frameworks for commissioned services including Primary Care.
- Developing and monitoring Primary Care Quality Assurance Frameworks, including working with the CCG Primary Care Commissioning Committees to support quality improvement in Primary Care
- Providing scrutiny of arrangements in across the Black Country and West Birmingham system in relation to mortality.

9. Report to

9.1 The Committee will report to the Joint Health Commissioning Board.

9.2 To support this role the Committee is authorised to establish any working group as necessary.

10. Managing Conflicts of Interest

10.1 Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. The CCGs are required to manage any conflicts of interest through a transparent and robust system. Meeting attendees are encouraged to be open and honest in identifying any potential conflicts during the meeting. The Chair will be required to recognise any potential conflicts that may arise from themselves or a member of the meeting.

10.2 It is imperative that CCGs ensures complete transparency in any decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the Chair must ensure the following information is recorded in the minutes; who has the interest, the nature of the interest and why it gives rise to a conflict; the items on the agenda to which the interest relates; how the conflict was agreed to be managed and evidence that the conflict was managed as intended.

10.3 If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the authority to request that member to withdraw until the item under discussion has been concluded. All declarations of interest will be recorded in the minutes.

10.4 Should the meeting not be quorate due to a conflict of interest, quoracy should be managed in line with the CCG's Conflict of Interest Policy.

11. Confidentiality

11.1 Papers that are marked 'in confidence, not for publication or dissemination' shall remain confidential to the members of the Committee unless the Chair indicates otherwise. Members, representative or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such papers.

12. General Data Protection Regulations (GDPR) and Data Protection Act (DPA) 2018

12.1 Committee members will give due regard to the responsibilities of the CCG to comply with GDPR and DPA legislation.

13. Freedom of Information Act 2000

13.1 All papers are subject to the Freedom of Information Act. All papers that are exempt from public release under the FOI Act must be clearly marked 'in confidence, not for publication'. These papers may not be copied or distributed outside of the Committee membership without the expressed permission of the Chair. FOI exemption 41 (duty of confidence) applies.

This page is intentionally left blank